

The
Jnl. of
Ayurved

080748

गुरुकुल कांगड़ी विश्वविद्यालय, हरिद्वार
पुस्तकालय



R

610.5

J 02 J

V. 1

विषय संख्या

पुस्तक संख्या

आगत पंजिका संख्या

पुस्तक पर किसी प्रकार का निशान/चिह्न

वर्जित है। कृपया १५ दिन से अधिक समय

तक पुस्तक अपने पास न रखें।

पुस्तकालय
गुरुकुल कांगड़ी विश्वविद्यालय
हरिद्वार

Rec 7207
6.2.73

स्वतन्त्रता दिवस 15-8-1947

[Handwritten signature]

पुस्तकालय
गुरुकुल कांगड़ी विश्वविद्यालय
हरेद्वार

Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

No. 3

March

CONTENTS

Editorial

Articles :

Sources of Knowledge in Ayurveda.

—A. Lakshminpathi

Problem of Clinical Research.

—C. B. Hanumantha Rau

Knowledge of Technical Arts in India.

—M. Duraiswami Aiyenger

Tridosh Theory of Ayurveda — B. V. Degwekar 18

Ayurveda Made Easy — Guru Dutta 23

Ancient & Modern System of Medicine.

—P. T. Jagannada Rao

Case Report :—

Control of Tuberculosis Temperature with
Pippali Kalpa — V. Bapur 30

Chopra Committee Report 35

Message and life of Kaviraj Hari Ranjan.
Mujumdar & Shri Durgadutta Shastri 50

Notes & News 53

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Institute of Indian Medicine, Bangalore.*

Managing-Editor:

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO., H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAU, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Basacharya, Smrititirtha, Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
Principal, Begusarai Ayurvedic College Monghyr (Bihar)
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Banaras Hindu University.



080748

CHECKED 1973

Initial

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४) •
 मृत्योर्मांस्मृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

EDA

No. 3

ATTENTION PLEASE

We forwarded the January and February issue of the "Journal of Ayurveda" for favour of Review and Exchange for your esteemed Journal. We have not yet been able to find the review and favoured with a copy of your Journal. We would, therefore, request you to please enter our Journal in your register for exchange and to co-operate with us in expressing our views from different aspects.

90, Connaught Circus,
 New Delhi, India.

Managing Editor.

in the Indi-
 government of
 ent in 1949.
 n collecting
 only which
 e knowledge

unanimous
 n important
 y.

country out
 n which is
 tions of the
 ark. This
 enditure of
 to procure
 ormous ex-
 ve thought

Government
 with the
 ill not now

hesitate in implementing the recommendations of the Com-
 mittee.

But we will be failing in our duty if we do not voice the opinion of the Ayurvedic world that the Chopra Committee does not give a complete picture of what should be the future shape of the medical relief in India.

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Institute of Ind*

Managing-Editor:

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.
*Formerly lecturer Ayu
Delhi. Secretary, M.M.
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.S.
*Joint Secretary, All
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamk
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurved
3. AYURVEDACHARYA M. MAL
*Prof. for Ayurveda,
Madras.*
4. DR. V. NARAYAN SWAMI, H
*Lecturer in Ayurveda,
Madras.*
5. DR. C. B. HANUMANTHA R
6. AYURVEDACHARYA DR. H A
7. KAVIRAJ VIJAYA Kali Bha
M.A. Basacharya, Smrititi
*Formerly General-Sec
and Editor Ayurveda*
8. KAVIRAJ RAJENDRA NATH
B.A. Sankhyatirtha, Dai
9. AYURVEDACHARYA RAM B
Principal, Begusarai
10. PROF. D.A. KULKARNI, M
Ayurvedic College, B



080748

CHECKED 1973

Initial

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४) •
 मृत्योर्मांस्मृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

March, 1949

No. 3

EDITORIAL

At long last the report of the Committee on the Indigenous system of medicine appointed by the Government of India in 1946 has been presented to the Government in 1949.

The Committee has spent more than three years in collecting evidences and examining the problem, and found out only which has since long been apparent to those who had the knowledge of Ayurvedic treatment.

However, it is a matter of satisfaction that a unanimous report has come out, although it appears certain important things have been kept out in order to keep unanimity.

The crying need of the hour was to get the country out of the clutches of the expensive Allopathic system which is unsuitable to Indian conditions. The recommendations of the Bhore Committee had amply justified this remark. This Committee calculated that an annual recurring expenditure of 6 hundred crores of rupees will be wanted in order to procure one doctor for every 6300 of population. This enormous expenditure, no sane man in the country, could have thought possible for a country like India.

The Chopra Committee has shown to the Government that things can be done more cheaply and efficiently with the help of Ayurveda. We hope the Government will not now hesitate in implementing the recommendations of the Committee.

But we will be failing in our duty if we do not voice the opinion of the Ayurvedic world that the Chopra Committee does not give a complete picture of what should be the future shape of the medical relief in India.

The Allopathic system, is too expensive for India, nor it suits the climatic conditions of the country, or the temperament and traditions of our people. The Ayurvedic system, on the other hand, inspite of governmental neglect for the last 1000 years, is still the most liked, prevalent and useful system in the country. On a very moderate estimate, it has been found out that even under the present discouraging conditions and with practically no aid from the government, more than, 2,00,000 Vaidyas are working in the country, out of which more than 50000 are registered practitioners. It is therefore in the fitness of things, that Ayurvedic system should be adopted as the national system of medicine by our National Government.

It does not mean that the Allopathic system should be banned or turned out of the country. It simply means that the Government aid should only be given for the national system i.e., the Ayurveda. Other systems should depend on the help of private persons and agencies.

There is one more point on which we wanted the Chopra Committee report to be more practical. It was regarding the distinction between institutional and non-institutional Vaidyas. In our opinion this distinction should only be confined in the matter of Government services but for all other institutions which are concerned with the progress and maintenance of the science, this distinction is not only impracticable but also harmful. Science cannot be regimentated, there should always be scope for all those who want to come in for the sake of science, whether they come through institutions or otherwise. Much of the research in other sciences has been done by persons who were not graduates of any university and Ayurveda cannot be an exception to it. It would have been much better if there would have been a common role for the electorates for medical councils, on which all those who feel interested in the science and are working for the science could found proper place. At least, there should have not been compulsory registration of the practitioners. We wanted voluntary registration just as it is in England. It means a scope for people who have studied the

Continued on page 49

SOURCES OF KNOWLEDGE IN AYURVEDA.

By A. LAKSHMI PATHI

(Continued from last issue)

The sources of our knowledge accepted by Ayurveda are :

1. Pratyaksha (Direct Perception).
2. Upamaana (Dristaanta—Illustration).
3. Shabda (Aptavaakya—testimony of accepted authorities).
4. Anumaana (Inference).
5. Yukti (Reasoning).

These are called Pramaanas. Prama means true knowledge. Pramaans means all that which helps to acquire true knowledge. The opposite of Prama is Bhrama—which means false knowledges a mistaken idea. The word Pramaana may also be translated as different methods of investigation of truth or different kinds of proof.

(1) Pratyaksha—Direct Perception by the Senses :

In the study of modern sciences, great reliance is placed upon direct observation. In Ayurveda, although sufficient importance is given to direct perception, it is considered that this method of investigation is the most deceptive of all other methods, because our observation through the senses are vitiated by many fallacies. After all, what we can know by direct observation by the senses is infinitely smaller than what we can know by other methods. We reduce ourselves to an absurdity if we insist on perceiving everything by our senses. If a person insists that he would accept only what he has personally seen, he will have to deny the existence of the Himalayas, if he never saw them for himself.

(2) Anumaana—(Inference) :

Anumaana is defined as the judgement produced by a knowledge of certain minor premises, which form the basis of the arguments (Pakshadharmata) qualified by the knowledge of the universal proposition (Vyapti—the major premise), which states the connection between two terms to their universal reference.¹

(1) See Darshanas.

The existence of fire in the mountain is proved by reason of the smoke emanating from it. The knowledge of smoke is obtained by direct observation. Existence of fire is an inference.

(3) **Upamaana or Illustration :**

Illustration is called Drishtaanta or Upamaana. Illustration is a method of argument by introducing the element of comparison for proving a particular statement.

— This method of Pramaana by illustration may be included under anumaana.

(4) **Shabda or Aaptopadesha :** (Testimony of accepted authorities).

The testimony of accepted authorities—Aaptopadesha—is taken as one of the Pramaanaas. Here in Ayurveda, the definition of the word 'Aapta' is important. Usually whatever is contained in the Veda is accepted as an authority. This is because the word Veda itself means knowledge. Knowledge is that which conveys a true idea of all things. Anything that does not convey such a true idea cannot be called knowledge and much less the Veda. Therefore, true knowledge is always an authority ; and so Veda is an authority.

In Ayurveda, however, in addition to Shabda (testimony of accepted authority) such sciences (Shastras) as are based on observation and experiment, the deductions of which have been tested as sound by competent judges, are also, considered approved authorities, if they are not contrary to known experience and if they are for the benefit of humanity.²

A A P T A .

The accepted authorities or aaptas are defined as follows :—³

Those are great men, who are free for ever from Rajas (Desire) and Tamas (Ignorance). Such great men are possessed of such freedom by reason of the powerful Tapas (Austerities)

- (2) " Yacha anyat kaschit vedaat avipareethah
Pareekshakah praneetah sistaanwaa lokaanu
Grahapravruttah sastra vidah sachah Aaptaagamah."
Charaka Sutra Ch. II. V. 27.
- (3) Rajastamobhyaam nirmuktah tapojanaana balena ye
Yeshaam trikaalamamulam Jnanamat'yahatamsadaa—
Aapta Sistah vibudhah Tashmaam Vaakyam
Aamsayam Satyam Vaakshyantite kasmat satyam ngerajastamah."
Charaka Sutra Ch. II. V. 18-19.

and Jnaana (supreme knowledge). Their knowledge is pure and infallible. They are friends of all (Aaptas). They are possessed of knowledge in all departments of science (Sarwatantraswatantrah—experts in all sciences). Therefore, their words leave no room for doubt. Whatever they speak is truth—nothing but truth because they have no desire nor hate for anybody or anything. They can never be swayed towards partiality. Therefore, where is the room for falsehood in their utterances?

Such is the great respect for truth to which Ayurveda aims as the ideal to reach for all students.

(5) **Yukti-Reasoning :**

Yukti (Reasoning) is one of the sources of knowledge specially adopted in Ayurveda. It may be included under Anumaana but Ayurveda gives special importance to Yukti (Reasoning).⁴

The word Yukti means Union. Here, it is the union of all the factors that contribute to the fulfilment of a particular action. The faculty of understanding (Buddhi) arrives at a particular decision or conclusion (Bhaava). This is called Yukti. For example, it is by Yukti that we guess that if water, land properly ploughed, good seeds, and proper conditions for germination are all suitably combined, there would be a proper crop. If any of the conditions is wanting, there would be no proper crop. Similarly, when a wise physician, good medicines, qualified nurses and a suitable patient—which are known as four limbs. (Padas) of treatment are provided and when the disease is of a kind that is curable, the combination of these four is capable of producing a cure. This method of argument by taking into consideration all the factors that are necessary for the accomplishment of a particular object is called Yukti.

Doubtful Sources Of Knowledge Rejected.

We have said that Ayurveda is a careful synthesis of all Hindu Sciences. They accepted whatever was found to be true and useful and rejected mercilessly whatever is false (Bhrama) or injurious to humanity.

Chaarvaakaas accept only one Pramaana, viz. the Pratyaksha.
(4) Charaka Sutra Chapter II. V. 25.

ksha Pramaana. Vaisesikaas and Boudhaas accept two Pramaanas, viz. Pratyaksha and Anumaana. Saankhyas, Yogis and Jains accept three Pramaanas, viz. Pratyaksha, Anumaana and Shabda. Jains however do not accept the four vedas of the Hindus as Aapta Vaakya, but they have their own Vedas which they accept as their authority. Nyaya accepts four Pramaanas, viz. Pratyaksha, Anumaana, Upamaana and Shabda. Meemamsa accepts two more Pramaanas, viz. Arthaapatti (circumstantial evidence) and Anupalabdi (non perception or Abhaava). Pauranikas accept two more Pramaanas, viz. Sambhavam (Possibility) and Aithya (Tradition). There are others who accept Cheshta (action, sign or signal) which may be performed even by a deaf man, as one of the Pramaana.

Upamaana and Arthaapatti are included in Anumaana, Anupalabdi, is included in Aaptavaakya. Therefore, Nyayikas accept only three Pramaanas as final, viz. Pratyaksha, Anumaana and Shabda. (See Siddhanta Muktaavali).

Methods of Investigation :

Thus, of all sources of knowledge (Pramaanas) Ayurveda gives the greatest importance to Yukti (Reasoning) which is a harmonious combination of all the Pramaanas. It gives neither too much importance to Pratyaksha like the Allopathic system, nor does it accept tradition, unless it is corroborated by Scientific Precision.

In this connection, it may be noted that various instruments (Yantras) like several kinds of specula, sounds, estheters, etc. were employed in diagnosis.

Ayurveda does not object to the use of modern appliances like the X-rays or other latest advances of modern science as additional sources of knowledge.

Methods of investigation by Pratyaksha, Pramaana, etc. may be helped by the use of any instruments. We should, however, insist on saying that mental and spiritual powers should be developed more as in the ancient days, instead of the Physician being a slave of the instruments and of the laboratory as it often happens now a days.

(5) (Vide Susruta Sutra Chapter VII and Ashtangahridaya Sutra Chapter (XXV).

PROBLEM OF CLINICAL RESEARCH

7

Concentration Of Mind Essential :

Charaka emphatically says : (6)

A Physician, who cannot enter into the innermost soul of the patient with the aid of the bright lamp of his own knowledge (or Yoga according to a different reading) cannot successfully treat any disease. The Physician may use any number of instruments and may take the aid of all laboratory tests, but unless he can concentrate his own attention upon the clinical study of the case, he is likely to be misled in his judgement. If praise was bestowed upon Aayurvedic treatment even by foreigners, this is due to its own peculiar method of diagnosis and treatment. The secret of Ayurveda is that the physician should be the master of his senses and of the instruments used by him to help these senses but not a slave to them. This is what is understood by the word Yoga or Concentration. He should have absolute respect for truth (Talwa). The Yogic method of obtaining knowledge through Samaadhi (concentration) is really what is meant by Charaka in the above quotation. This subject will be dealt with separately under 'Yoga'.

*(Continued)***THE PROBLEM OF CLINICAL RESEARCH.**

By C. B. HANUMANTHA RAU.

(Continued from January issue).

At this stage it becomes absolutely necessary to understand the exact connotation of various terms used in Ayurveda. Here and hereafter the term Ayurveda is used in the wide sense to include every system of indigenous medicine subscribing to the Theory of Tri-Doshas. It is unfortunate that for a pretty long time there were in wide circulation many 'misleading mistranslations' of Ayurvedic terms. It is because of the mistaken idea that every term in Ayurveda could have an English equivalent. On the other hand most of these terms require explanatory paraphrasing before their true import and spirit could be

(6) "Gnaana buddhi Pradeepena
Yonavisati Tatwavid (Yogavid)
Aturasya Antaraatmaanam
Na Sa Rogaanaschiki tsarhi."

Charaka Vimaana Ch. 4-V. 14.

fully brought out in translation. Fortunately however, those faulty translations are fast discarded since the present day Ayurvedists have begun to bring out beautiful commentaries and there are available in English, books dealing with Ayurveda well supplemented with western sciences.

The problem of Clinical Research includes the mastering of basic principles in the light of western medical sciences in a systematic manner under the guidance of great teachers. Any elaboration on this topic is beyond the scope of this article, but I would request the reader in this connection to study carefully the inimitable exposition on "The Science and Art of Indian Medicine" by my revered Guru, Capt. G. Srinivasamurti (as the Secretary of the First Usman Committee).

Coming to Clinical Medicine, it is here that all our labours bear fruit. The long and laborious laboratory findings are finally pooled at the 'Crucible of the Clinic' and it falls to the physician at bedside to materialise the good, bad or indifferent nature of these results. The laboratory man is handicapped because it is not possible for him to get at the subjective feeling of patients and it is for the man at bedside to study carefully these during the trials of various findings brought to him. The constant contact with the patients, therefore, posts the bedside physician with enormous information and on this experience he can give the right and proper treatment which is the object of all our endeavours.

In achieving this, two things stand out prominently and they are :—1. Accurate Diagnosis. 2. Right Treatment. Diagnosis involves (a) Roghi Pareeksha or thorough examination of the patient, and (b) Roga Pareeksha or investigation of disease. This may for our practical purposes be taken in one group *viz.* Roghavinischyam, or Roghavignanam. The term Rogha means that factor by which suffering is caused. All the synonymous terms used by Charaka in the Vimana Sthana ch, 6 Slo.4. apply to the Dhoshas-Vata, Pitta and Kapha in their varied morbidity. Says Vagbhata, "Roghastu Dhoshvaishamyam Doshasamya-maroghata", and "Dosha evahi sarvesham roghanam yeka karanam". So all diseases are the outcome of the derangement

of the Doshas and Dalhana's commentary is explicit ; " Savimsa-
thyekadas satanam Vyadheenam Karyabhutanam Vatapittaslesh-
manohi Karanam " (only by the vitiation of Vata, Pitta and
Kapha 1120 diseases are produced). In health the Tri-Dhatu
(Vata, Pitta, Kapha) act as supporters of the body. Their
interaction on the Sapta Dhatus is health. If any factor acce-
lating abnormal interaction taking place then, they become
Doshas. These Doshas acting upon the Sapta-Dhatu injure
them and the latter become known as Dhooshyas. There are
several methods of investigation coming under Roghavinischaya.
The more important of them are :

1. **Pramana Thraya.**

- (a) *Aagama* or revealed texts.
- (b) *Anumaana* or inference.
- (c) *Prathyaksha* or direct perception.

2. **Panchendriya thatha prashna.**

- (a) Sarvanee pareeksha or by hearing (Auscultation).
- (b) Twachi pareeksha or by touch and palpation.
- (c) Chakshushee pareeksha or observation and inspec-
tion.
- (d) Ghranee pareeksha or testing by smell.
- (e) Rasani pareeksha (Susruta) or testing by taste
(now obsolete).
- (f) Prashna or by interrogation.

3. **Panchalakshana Nidana.**

- (a) Nidana or the causes.
- (b) Purvarupa or prodromata.
- (c) Rupa or symptomatology.
- (d) Upashaya or investigation by therapeutic measures.
- (e) Samprapthi or the course of diseases.

4. **Ashtasthana Pareeksha or examination of eight factors
of the body.**

- (a) Nadi or examination of pulse.
- (b) Sparsam or skin.
- (c) Jihva or tongue.
- (d) Rupam or appearance.
- (e) Shabdham or voice.

- (f) Netram or eyes.
- (g) Malam or fæces.
- (h) Mutram or urine.

5. **Anga-prathyanga Pareeksha or examination of various parts of body.**

- (a) Urdhvanga including Siras, Sirodhara, Ananam.
- (b) Madhyakayam including Uras, Udhamam, Prishtam, Vasti, Vrishana, Sopha, Bhuja-kati, Sthanantharam-sthanaparyantham.
- (c) Bahu : Pravani, hasta, vankshanam.
- (d) Skandha : Amse-Thrikam.
- (e) Asayas : Sleshmasayam, Puppusam, Puppusa-chedam, Hridayam, Amasayam, Grahane, Pakvasayam, Malasayam, Yakrit, Pleeham, Vrikka, Undukam.
- (f) Doshas : Vata : Prana, Udhana, Vyana, Samana, Apana.
Pitta : Pachaka, Bhrajaka, Ranjaka, Alochaka, Saadhaka.
Kapha : Tarpaka, Bhodhaka, Avalambaka, Sleeshaka, Kledaka.
- (g) Dhooshyas : Rasam, Raktam, Mamsam, Medhas, Majja, Asti, Shukra.
- (h) Malas : Pureesha, Moothra, Swedha, Karnadanthadi malas.

The following is an epitome given by Vagbhata :

“Dhushyam Dhesam, Balam Kalamanalām Prakritim Vayaha Satvam Satmiyam Thadhaharamavasthascha Pruthagvidha.”

(Asht. Hrdi. Suth. Ch. 12. Slo. 67).

1. Dhooshyas or Saptha Dhatus and Malas (Excretions).
2. Desam : Bhumi Desa or Habitat, and Athura Desa or the patient.
3. Balam or strength of the patient and the virulence of disease.
4. Kala or time or season.
5. Anala or the condition of digestion,

THE PROBLEM OF CLINICAL RESEARCH

11

6. Prakriti or Constitution (Vatala, Pittala, Sleshmala).
7. Vayas or age.
8. Aharam or diet.
9. Satva or mental condition
10. Satmiya or compatibility.

According to Western system we have the two broad divisions *viz.*, the Clinical Examination and the Laboratory tests.

The following case sheet has been found very useful in practise and it gives a comprehensive idea including all the points mentioned above. It is being used in our daily work in Clinical Medicine.

Case-Sheet :

1. Name.....Address in full.....
 Age.....Sex.....Date and time of examination.
 Married and marital relations.....
 The nature of food.....Temperance.....
 Weight.....Complaints in order.....
 Duration.....
- I. Prashna or Interrogation :—
 The chief symptom and its nature.
 The history of previous illness.
 The history of present illness.
 Family history.
- II. Indriya Pareeksha or Physical Examination :—
 Temperature (with a temperature chart)
 Nadi or Pulse.
 Rate per minute.
 Ghati : Vata, Pitta, Kapha.
 Guru (hard), Mandha (slow), Ksheena (thready and weak).
 Respiration and its rate.
 Blood Pressure :
 Prakriti or constitution including Akaram or appearance :
 Vatala, Pittala, Sleshmala.
 Well-nourished, moderate, ill-nourished.

Satva or mental condition :

Satveeka, Rajasa, Tamasa.

Coherent, incoherent or unconscious.

Development, Stature, Facies, Posture and Gait.

III. Anga-Prathyanga-asaya pareeksha :

1. Urnhavangam or Head and neck.

Head : Appearance, Shape, Size, Nature and Distribution of hair. Ulcers and eruptions.

Ears or Karnam :

Appearance, Power of hearing Pain and tenderness, nature of discharges, drum, condition of mastoid, glands.

Face or Mukam :

Appearance, Swelling and its distribution, colour, Pain and tenderness, Movements.

Eyes or Netram :

Vision, Lids, nature of eyeballs, Prominence, tension, Conjunctiva, Sclera, Cornea, Iris, Pupil with its shape, size and regularity, Reactions and Fundus. Brows and their nature.

Nose or Nasi :

Appearance, Pain and tenderness, Nature of the discharge. Septum, Cavity, Antra.

Buccal Cavity and the Mouth :

Nature of the breath.

Lips : Appearance, Colour, eruptions and cracks.

Teeth and Gums : Condition, inflammation, discharge blackline and spongy nature.

Tongue : Nature, colour, moisture, eruptions, papillae, taste and sordes.

Throat and Pharynx ;—

Inflammation, Uvula, Pillars, Tonsils and adenoids, difficulty in swallowing.

Neck :—

Oedema, ulcers and scars, glands, veins and pulsations. Thyroid.

IV. Mad yamangam, comprising Shoulders with arms and hands, Chest and abdomen :—

Shoulders with arms and hands :

Pain, swelling, tenderness, deformity, movements, Joints, fingers and nails, axilla and its nature.

Chest :—

Shape, size, colour, œdema, pulsations, respiratory movements, fremitus, breathsounds, rales and ronchi, dulness and percussion note, cough and its nature.

Heart :—

Right and left borders, Apex with impulse and thrill. Auscultation of Mitral, Pulmonary, Aortic and Tricuspid areas, Pain, breathlessness.

Abdomen :—

Size, Shape, œdema, pain and tenderness, lumps nature of abdominal wall, hernia, umbilicus, eruptions, visible peristalsis, pulsations, veins, liver, spleen, gall-bladder. kidneys, vomiting, diarrhœa and its nature, inguinal glands.

V. Adhongam comprising genitalia, thighs, legs and feet :

Genitalia :—

Size, Shape, development, functions, inflammations, œdema, pain and tenderness, painful micturition, nature of the discharge, testes and scrotum.

Thighs, legs and feet :—

Pain, swellings, tenderness, deformity, joints, movements, ulcers, veins, arches, toes and soles.

VI. Nervous System :

Intelligence, pain and neuralgia, sleep, paralysis, atrophy, co-ordination of muscles, tremor, superficial and deep reflexes, loss of sensation to temperature. Examination of Cranial nerves by smell, vision, condition of eyes, taste and mastication, facial muscles hearing, tinnitus, vertigo, digglutition, paralysis of laryngeal muscles and tongue muscles. Sympathetic system is examined by trophic lessions, perspirations flushing.

VII. Laboratory Investigations :—

1. Blood : Estimation of hæmoglobin, blood counts of red and white cells, total count, examination of film, examination of parasites, sedimentation rate, blood-sugar levels, serum examination for Widal, Weillfelix, Wassermann and Kahn, blood-grouping.
2. Sputum : Microscopic examination for parasites.
3. Urine : Quantity, colour, reaction, sp. gr., albumen, sugar, blood, pus, bile, acetone, examination of deposit, and the oil test.
4. Motions : Nature, colour, mucus, pus, blood, consistency, parasites.
5. Urethral and vaginal smears.

VIII. Radiology and Electro-cardiograms.

IX. Therapeutic or Upashaya methods.

X. Summary of conclusions.

XI. Diagnosis.

XII. Prognosis:

Sadhyam, Krichra Sadhyam, Asadhyam.

(To be continued).

Knowledge of Technical Arts in Ancient India.

By M. DURAISWAMI IYENGAR

DECLINE OF AYURVEDIC CHEMICAL SCIENCE.

(In compliance with the desire of the Managing Editor of the Journal of Ayurveda I have much pleasure in contributing some interesting articles to the Medical Magazine. I know the practical difficulties and inconveniences of some authentic contributors of technical subjects as I was an Editor and Publisher of a Medical Journal in South India for about ten years and I am afraid therefore whether my circumstances would allow me to be a regular continuous contributor.)

The subject which I have chosen to deal with here very briefly I think, may be interesting to our readers. During those days when the Aryan civilization was in full swing not only the medicine—Ayurveda—but also many other useful arts and sciences, as distinguished from mere handicrafts were

cultivated by the men of higher classes. Besides some such subjects found in our Niti Shastras and Artha Shastras, in the Sveta Yajur Veda and in the Taittiriya Brahmana, we meet with the names of various professions which throw light on the state of society of the time—a knowledge of these, unfortunately began to suffer and lose their splendour, with the institution of the caste system in its rigid form.¹

Take Vatsyayana Kamasutra and you can see in it, among the sixty-four Kalas for arts and sciences which are enumerated there, the names of the following:—

The examination and valuation of Gold and Gems- सुवर्ण रत्न परीक्षा Chemistry and metallurgy— धातुवाद; knowledge of the colouring of gems and jewels, as also of mines and quarries.

In the book Elements of Polity or Shukranitisara of Shukracharya we also read an account of the various Kalas. The art of piercing and incinerating the stones in the metals is known as a "Kala"—पाषाणधात्वादिद्रुतिस्तद्वस्मीकरणं कला "Similarly a knowledge of the combinations of the metals and the herbs and the plants is also regarded as a Kala—"

धात्वौषधीनां संयोगक्रियाज्ञानं कला स्मृता, धातूनां कर्मपार्थक्यकरणं च कला स्मृता

"The art of alloying and separating the metals (from compound ones) is also known as Kala".

Susruta also says that "the art of extracting Kshara (alkali) is likewise counted as a Kala. In the science of Ayurveda there are altogether ten Kalas"—

क्षारनिष्कासनं ज्ञानं कलासंज्ञं तु तत् स्मृतम् । कला दशकमेतद्वि-
द्यायुर्वेदे विधीयते ।

We also find in Harsha Charita that among the companions of the great poet Bhatta Bana were an assayer, a metallurgist, a Physician, a massagist and an artist.

अगवश्चास्य सुहृदः सहायाश्च धातुवादविद्वहङ्गमः लोहवित करालः, भिषक पुत्रो मन्दारकः, संवाहिका केरलिका, चित्रकृद्दीरकर्मा Such technical terms

¹See Dutt's "Civilisation in Ancient India", p. p. 155-157

as Dhatuvid, Lohavid, Samvahika etc. that occur repeatedly not only in Ayurvedic works but also in general Sanskrit literature show that the experts in metallurgy and other sciences and arts were held in high esteem and expert knowledge sought after the art of dyeing was also carried almost to perfection, the fast colours resembling the Tyrean purple.

In those days of Vedic age Rishis and Priests did not form an exclusive caste of their own but followed different professions according to their convenience or natural taste, thus fulfilling the ideal laid down by Emerson: "Has he (man) not a *calling* in his characters? Each man has own vocation. The talent is the call."

The caste system was established *de novo* in a more rigid form. The drift of Manu and of the later Puranas is in the direction of glorifying the priestly class, which set up most outrageous pretensions. According to Susruta, the dissection of dead bodies is a *sine qua non* to the students of surgery and this high authority lays particular stress on knowledge gained from experiment and observation :—

त्वक्पर्यन्तस्य देहस्य योऽयमङ्गविनिश्चयः, : शल्पज्ञानादते नैव वर्ण्यते-
 ऽङ्गेषु केषुचित् ॥ तस्मान्निसंशयं ज्ञानं हर्त्रा शल्यस्य वाञ्छता, शोधयित्वा
 मृतं सत्यक् दृष्टव्योऽङ्गविनिश्चयः ॥ प्रत्यक्षतो हि यदृष्टं शास्त्रदृष्टं च
 यद्वदेत् । समासतस्तदुभयं भूयो ज्ञानं विवृद्धये ॥ शरीरे चैव शास्त्रे च दृष्टार्थः
 स्याद्विशारदः दृष्टश्रुताभ्यां सदेहमवापोह्याचरेत् क्रिया ॥

But Manu would have none of it. The very touch of a corpse, as laid down by Manu, is enough to bring contamination to the sacred person of high caste. Thus we find that shortly after the time of Acharya Vagbhata, the handling of a lancet was discouraged and the subjects Sharira and Shalyatantra (anatomy and surgery) fell into disuse and became to all intents and purposes lost sciences to the Hindus. It was considered equally, undignified to sweat away at the forge like a Cyclops. Hence the cultivation of the Kalas by the more refined classes of the society of which we get such vivid pictures in the ancient Sanskrit literature has survived only in traditions since a very long time past.

Similar dangers have threatened Europe from time to time but her sturdy sons have proved better of them in the long run. "Thus Aristotle's opinion that industrial work tends to lower the standard of thought, was certainly of influence here. In accordance with this dictum the educated Greeks held aloof from the deservation and practice of technical chemical processes, a theoretical explanation of the reactions involved in these lay outside this circle of interest."²—Even in so late as the middle of the 18th century, the pursuit of chemistry in England was not regarded in a serious light and "chemists were ashamed to call themselves so because the apothecaries had appropriated the name"—a circumstances which led Liebig in 1837 to declare "that England was not the land of Science."

The arts being thus relegated to the low costs and the professions made hereditary, a certain degree of fineness, delicacy and deftness in manipulation was no doubt secured but this was done at a terrible cost. The intellectual portion of the community being thus withdrawn from active participation in the arts, the *how and why* of phenomena—the co-ordination of cause and effect—were lost sight of—the spirit of enquiry gradually died out among a nation naturally prone to speculation and metaphysical subtleties and India for once bade adieu to experimental and inductive science.

तस्मादेवम् असारतरतर्कं न दृढत्वात् ईश्वरकारणं श्रुतिविरुद्धत्वात् । श्रुति-
प्रमाणेषु शिष्टैर्मन्वादिभिः अपरिगृहीतत्वात् परमाणुकारणवादे कार्या
आयैः श्रेयोऽर्थिभिः श्रद्धा ॥ Sutra Bhashayam of Shankara.

According to the passage from Shankara's commentary on the Vedanta Sutra even the system of Kanada's doctrine had to be disregarded by highly religious minded people in this country. But in their own way, however, they display marvellous skill in damaseening, making ornamental designs on metals, carving on ivory, enamelling, weaving, dyeing, lace-making, goldsmith's and jeweller's works and so on. The book "Industrial Arts of India" of Birdwood gives us more interesting details on this subject.

When our Rasa Shastra began to grow or cherish in those
2 Meyer's Hist of Chemistry.

days of Nagarjuna and others, no doubt, our chemists or Rasacharya did not spend their time abroad for recreations but take delight in their laboratory work. They carefully with great interest did follow their labours, sweating whole days and nights by their furnaces. They were busy and put their fingers amongst the charcoal, into clay and filth, not into gold rings. They were very ardent and earnest to obtain the desired pure Loha satvas or Dhatu satvas or Bhasmas out of the various minerals possessing high medicinal value.

Then not only the Ayurvedic chemistry but also all other useful Indian arts or Kalas had so many vicissitudes of fortune that one who arrays the facts of history before the mind's eye can hardly wonder how so much of the past glory was lost. No doubt, much of the treasures of Indian technical literature was lost during those dark ages when the Greeks and other foreigners invaded this land from time to time even from 327 B.C.

It is the duty of the learned people, especially of those who are engaged in well organised Ayurvedic institutions to introduce well equipped laboratory and pharmacy (or Rasa Shala) with necessary arrangement for research work appointing real scholars and revive the lost Kalas of dhatus and lohas at least.

Tridosha Theory of Ayurveda.

By B. V. DEGWEKAR.

(Continued from last issue)

In order to understand the principle on which Ayurvedists have based their system of treatment, we have to consider the dictum which is at the root of all occurrences in nature. It is enunciated thus:-

सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् ।

हा । हेतुविशेषश्च प्रवृत्तिरुभयस्य तु ॥ च. सू. १-४४

or as वृद्धिः समानैः सर्वेषां विपरीतैर्विपर्ययः ॥ अ. ह. सू. १-१४

In this dictum भाव is an expression which requires a little elucidation. Anything which exists is called a भाव

‘भवंतिसत्त्वमनुभवन्तीतिभावाः’.

Materialistic sciences would probably include material substances (पांचभौतिक द्रव्याणि) only under this term, or at the most these attributes (गुण) and actions (कर्म) as well, but would never be prepared to accept ‘thoughts’ (विचार) ‘Intellect’ (बुद्धि) ‘mind’ (मन) etc. under the same category of भाव. But Ayurveda includes everything which you can conceive under this very term भाव, whether it be perceived by your senses or by mind. Although this human body is evidently made up of material substances like blood, flesh etc. it is also endowed with the power of thinking (an attribute of the mind) on account of which several such entities as काम (desire), क्रोध (anger) लोभ (greed) मोह (delusion) मद (arrogance) and मात्सर्य (jealousy) do exist in the body. Although they are attributes of the mind still these abnormal condition causes a mental derangement (मानसिक रोग) which in its term reacts on the body causing disease in the body (शारीर रोग). Hence Ayurveda has very rightly included all these so called mental phenomenon under the term भाव i.e., entities existing in the body, which as stated in the first article is not merely material, but a combination of matter, mind, soul and senses.

The dictum stated above enunciates a principle viz. that whenever and wherever two similar entities combine, there is an increase of the attributes of the mixture, while when dissimilar entities combine, there is a decrease or counterbalancing of the attributes of either. This principle is the same as that enunciated by Hypocrates in his famous dictum (contearia contearis curanter) which is the basis of Allopathic Science. Examples of this principle are available in nature in everyday routine. Whenever a person feels cold, he tries to take a sunbath or sits by the side of fire, because he knows from experience that the cold भाव (शीत) is counterbalanced by heat (उष्ण). If bitter medicines like नीम leaves are to be taken in for purifying his blood, he would mix up a large quantity of sugar with them in order that their bitter taste is counterbalanced by the sweet taste of the sugar. If you have to pass through an area in which noxious odour is being diffused,

you will take a kerchief on which scents with desired perfumes are sprinkled and hold it near your nose so that the effect of the noxious odour is counterbalanced by the scent and so on and so forth. The principle is so very simple that even a lay man follows it in practice.

Hence Ayurveda which is a science based on very simple natural laws has adopted it for the amelioration of diseases and that too in a very simple manner.

गुणाः (ATTRIBUTES)

Every material substance has some attributes (गुणाः). Ayurveda recognises only ten pairs of these attributes for its cherished purpose of attaining धातुसाम्य. These pairs are as follows :-

1. गुरु & लघु *i.e.*, heavy both in weight and from the point of view of digestion, *i.e.* difficult to digest, and the opposite *i.e.* light as well as easy to digest. For example ghee (घृत) is गुरु while curd (तक्र) is light, meat is heavy while milk is light, (पुडी) cake is heavy while rice is light लघु etc.

2. मंद & तीक्ष्ण Any substance whose action on the body is slow is called मंद while one whose action is immediate is said to possess तीक्ष्णगुण. Naturally the former is used when it is necessary to cure a disease by a soothing process (शमन) as in phtysis and the latter when some foreign matters in the body are to be quickly removed as by means of purgatives, enemetas or vomiting (विरेचन, वस्ति, वमन) etc. Thus (दूध) milk is a मंद substance while cow-urine (गोमूत्र) is तीक्ष्ण.

3. शीत & उष्ण. These two attributes again have a two-fold sense as in गुरु & लघु. शीत at times means that which is cold to touch but, from the physiological points of view, a substance is said to be शीत if its action on the body is to produce cold or cooling sensation and thereby causing the arrest of or stopping or coagulating (स्तम्भन) of any liquid substance in the body. For instance butter नवनीत is शीतवीर्य या शीत as it coagulates blood, so is sugar-candy (सितोपला) and so on. So also उष्ण at times is used to denote a substance which is hot to touch but physiologically anything which

TRIDOSHA THEORY OF AYURVEDA

produces heating effect on the body or makes one to perspire (स्वेदन) as soon as it is taken in, is said to be उष्णवीर्य or उष्ण like strong liquours, tobacco etc.

4. स्निग्ध & रुक्ष. Any substance is greasy or oily is said to possess स्निग्ध attribute. Its action in the body is to moisten (क्लेदन) the substance with which it comes in contact. Thus ghee, oil, fat, bone-marrow are all स्निग्ध matter. All those which produce (शोषण) drying effect on the body are said to possess रुक्ष attribute: for example all poisons, liquor are रुक्ष materials.

5. श्लक्ष्ण & खर. Things which are smooth to touch are called श्लक्ष्ण. Their action on the body is to heal (रोपण) a wound, while those that are rough to touch are called खर and their action is to scrape (लेखन) a wound.

6. सान्द्र & द्रव. Substances which are viscid are said to possess सान्द्र attribute, and are pleasing to taste (प्रसादन) if they are eatables like श्रीखंड, मलाई, खोर etc. while those that are thin and liquid are said to be द्रव and their action on the body is to agitate or stir up (विलोडन) as lemon juice, liquor etc.

7. मृदु & कठिन. Those which are soft to touch are called मृदु and their action in the body is to loosen or relax श्लथन any part of the body which has become right due to any course. While that which is hard to touch is कठिन and its action on the body is to make it tight and strong (दृढ़).

8. स्थिर & चल. Solids which maintain their solidity under ordinary temperatures are said to possess स्थिर attribute and they generally help to sustain (धारण) the body, while that are gaseous under ordinary temperature are चल and produce an impelling or propelling force in the body.

9. सूक्ष्म & स्थूल. Things which can penetrate the minutest structures in the body are called सूक्ष्म and their action in the body is to widen (विवरण) those structures, for example, oil, liquor, salt etc., while those that clog those minute structures (संवरण) and thus render them inactive or retard their activity

are said to possess the स्थूल attribute.

10. विशद & पिच्छिल. Substances which help to wash off (क्षालन) any dirt or undesirable matter in any portion of body are said to be विशद while those that more and more besmear (लेपन) the objects with which they come in contact are called पिच्छिल. त्रिफलाकषाय is an example of a विशद substance while sticking plaster is one of a पिच्छिल substance.

These ten pairs of attributes are mentioned in अष्टांगहृदय सू. १-१८ as गुरुमंद हिमस्निग्ध श्लक्ष्ण सान्द्र मृदुस्थिराः ।

गुणाः ससूक्ष्मविशदा विशतिः सविपर्ययाः ॥

We can, from the physical examination of any given substance, find out which of these ten pairs of attributes are possessed by it. Then we can, as well, from the physical as well as clinical examination of the body of the patient, find out which of the 13 substances (दोष, धातु, मलाः) have undergone a change (वैपर्यय) either in the form of increase (वृद्धि) or decrease (क्षय); and then knowing the attributes of those 13 substances from their description as given in Ayurvedic works and specially that of the 3 doshas in terms of these 10 pairs of attributes, (because as stated in Article 2 doshas are only body substances which in their vitiated form are the primary cause of the disease), we can select a substance whose attributes are just the opposite of those of the vitiated Dosha. That substance when administered will according to the dictum stated in the beginning of this article bring about धातुसाम्य or the required equipoise and thus will move the disease.

It is therefore now necessary to know the attributes of the three Doshas वात, पित्त and कफ and also the places in the body where they are produced, their action on other parts of the body i.e. their द्रव्यगुणकर्माणि, the symptoms in the body which are caused by their increase (वृद्धि) and decrease (क्षय) and such other matters connected with them.

We shall discuss these topics in the next article.

(Continued.)

Ayurveda made Easy

By: GURUDUTTA

(Continued from last issue).

It has been explained that Ayurveda is the science of life. It has also been stated that diagnosis of diseases and prescribing of medicines to cure them is only a section of the science of Ayurveda. Knowing this much, it is in the fitness of things that one must understand as much as possible about life.

Life is a highly complicated phenomenon and even the best exposition of it falls much short of its perfect description. Yet Ayurveda cannot do without an explanation and description of this thing. Modern science has tried to explain it in the terms of chemistry but has failed. It says that the vital element in a living cell, *i.e.*, the protoplasm is a chemical compound possessing tremendous energy which manifests itself in the form of life. The activities of a living organism are run by energy liberated on decomposition of protoplasm. This explanation of life is so crude that not even one aspect of multifarious activities of life can be explained by it. The most prominent functions of life *i.e.*, reproduction is not explainable by the intermolecular energy. It is, therefore, inconceivable that life is merely a combination and permutation of atoms. It is much more than the intermolecular energy.

A student of Ayurvedic science has to understand the nature of life to the best of his ability. The more correct is his understanding about it the more efficient will be his knowledge of Ayurveda.

Let us try to understand, what Ayurveda thinks of life. Ayurvedic conception of life is based upon the theory put forward by 'Darshanas' specially 'Saankhya Darshana'. In order to understand it one must know the differences between animate and inanimate things. This only can lead us to the courses of those differences.

Suppose we take a piece of stone and a mouse and try to find the distinctive 'gunas' (qualities) of one over the other, it will then be possible to understand the causes of that distinction. One is called animate and the other inanimate. One is supposed

to possess life and the other devoid of it. Thus, if one has any distinctive qualities, it is supposed to be due to the presence of life in it.

Stone does not grow, it does not move. It does not try to protect itself from unfavourable environments *i.e.*, it is unsuspensible to pleasant and unpleasant surroundings. Further it does not procreate. Nor it has the capacity to absorb outside things and convert them into body parts. A mouse does all these things. If we put food particles before it, it will nibble them and eat them. Those food particles will, first, be made into a solution and then the matter in solution will undergo several consecutive changes leading to the formation of blood and other tissues of the body. Those tissues are as good as living matter because each and every cell present in this tissue is a living entity. Contrary to this we may place the piece of stone in any conceivable material, and will find that it has not the capacity to convert the material into its body parts. Similar is with procreation and growth. A stone cannot create another out of it.

Thus there are three fundamental distinctions between animate and inanimate things. They are: (1) Growth, (2) Procreation (3) Resistance to unfavourable and liking to favourable environment. By favourable we mean conditions that are helpful in prolonging the life and that are pleasant. Unfavourable environments are opposite to the above.

Charaka writes about life as follows :

शरीरेन्द्रिय सत्वात्मसंयोगो धारि जीवितम् ।

It means, the combinations of body, senses, mind and soul is life.

Body senses and mind devoid of soul are nothing but an inanimate matter. It is true that body, *i. e.* seven tissues have not a peculiarity of their own and are not found in inanimate things in the form and quality in which they are formed in animate objects. Yet the instant they are detached from soul (आत्मा) they do not remain in the conditions in which they are when in combination with the soul. Thus the soul is the

main thing which distinguish the animate from the inanimate object.

About soul 'Nyaaya Darshana' writes :

इच्छा, द्वेष, प्रयत्न, सुख, दुःख ज्ञानान्यात्मनो लिङ्गमिति ।

To desire, to dislike, to make effort, to feel happy, to feel sorry and ability to obtain knowledge are the signs of soul.

Another writer writes as follows :

इच्छा द्वेषः सुखं दुःखं प्रयत्नश्चेतनाधृतिः ।

बुद्धि स्मृतिरहंकारो लिङ्गानि परमात्मनः ॥

To desire, to dislike, to feel happy, to feel sorry, to make effort, sense of discerning memory and self-consciousness are the signs of soul. This definition is more elaborate than the one given in 'Nyaaya Darshana'. In fact both of them mean the same thing. Only the word knowledge (ज्ञान) in Nyaaya is further defined as (बुद्धि स्मृति अहंकार) power of discerning, memory and self-consciousness.

It is considered that the soul permeates each and every part of a living body. It is therefore the whole body of an animate object that must prove all the above mentioned 'gunas' of soul in it. Thus in nutshell, we can for the sake of brevity, call the above mentioned fundamental qualities by which life can be distinguished.

Yet soul is not life. Detached from body senses and mind, soul cannot function as life. Or in other words we can say soul alone cannot form an animate object. It must have a suitable seat to manifest itself. It means in order to study life all the four things i. e. body, senses, mind and soul are to be studied. The knowledge of all the four things is equally necessary.

Moreover the signs of soul given above are not sufficient to give a clear conception of it. One must understand the material out of which it is formed and also the method by which it has come into being. Regarding body, senses and mind also, a clear conception of the material out of which they are formed and to the method by which they have come into being is essential in order to understand life. Regarding body etc. the science of chemistry and anatomy come to our help and

give us clue of the material out of which they are formed, but regarding soul there is a vast difference of opinion between different schools of thought. Even in Vedic philosophy there are two chief schools, one is called 'Adwaita Vad' (अद्वैतवाद) and the other as 'Dwaita Vad' (द्वैतवाद).

In Adwaitavad, soul (आत्मा) and every thing else in this universe (visible and invisible things) are supposed to have formed from one material called Primal substance (आदि प्रकृति). According to this school of thought all animate and inanimate things are considered to have sprung up from the Primal substance in compliance with certain rules of the nature of that substance. It means that there is always present this Primal substance possessing certain 'gunas' and obeying certain inherent laws. These laws and 'gunas' bring about changes in this Primal substance and from those changes the animate and inanimate objects are formed, maintained and get destroyed in due course of time. Adwaita Vad is propounded and explained by 'Saankhya Darshana' Shushrut writes about this as follows :

सर्वं भूतानाम् कारणमकारणम् सत्त्वरजस्तमो लक्षणमष्ट रूपमखिलस्य
जगताः संभव हेतुरव्यक्तं नाम तदेकं बहूनां क्षेत्रज्ञानामधिष्ठानं समुद्र इवो-
दकानाम् भावानाम् ॥

The Primal substance which has (सत्त्व रज तम) three inherent qualities (गुणः) is the source of all animate and inanimate objects in the universe. The Primal substance is invisible and eternal without having any source of its own. It is the source and maintenance of innumerable living beings just as sea is the source and ultimate end of all the rivers on the earth.

(Continued).

ANCIENT AND MODERN SYSTEMS OF MEDICINE

By P. T. JAGANNADHA RAO.

ART AND SCIENCE

Antiquity and modernity in medicine are totally different in nature. Ancient physicians practised the art of healing by spontaneous knowledge. It is an art, but not a profession, as it is not an activity by which the livelihood is earned. Art proposes to itself an object aimed at and looks out for means to effect it. So it is from cause to effect and by subjective realisation. An artist judges and applies. Modern physicians practise the science of medicine as a profession by acquired skill. Science of a phenomenon and endeavours to ascertain its law. So it is from effect to cause and by objective verification. A scientist observes and experiments.

ANCIENT PRINCIPLES

The principles of ancient system of medicine were almost common to the East and the West. East had the Tridosha theory and the West an identical Diathetic theory. The latter was in vogue a very few centuries back, till followed by the Days of Lancet, analogous to the Rakthamokshana theory of the East. The tridosha or diathetic theory treated the cause of the disease, by correcting the body ground. This theory is consolidated as opposed to the modern compartmental scientific study. The former is limited and therefore perfect. The latter is infinite and therefore imperfect. Antiquitarian theories of the medicine are based solely on Hygiology, which is imbibed in religion.

MODERN RESEARCH

Scientific research supported by West states promulgated the modern medicine. Further support by big business concerns resulted in its world-wide propaganda. But in the East the ancient medicine could not develop nor assume any other improved scientific form for want of proper support, which is lacking since centuries. The modern scientist is a cultured slave and the ancient artist a reserved autocrat. No affinity of whatever degree exists between them. In the West ancient

art has yielded its place to the modern science completely, of course with rarer exceptions. For instance "Lung-Saya", a medicine prepared out of an african root, claimed to be a specific for T.B. by the London manufacturer and eminent physicians of England, is till a non-scientific remedy with an unknown formula. Is it not inferred that anything ancient analysed and explained scientifically, becomes modern.

SUPERSTITIOUS PRACTICES

Though these are ancient in nature, some of them are in practice even today. It is common to wear a talisman or amulet in the East as well as the West. It is a charm engraved on a metal plate on an auspicious day with a particular planetary position, said to have an occult power and exert some protective influence over the wearer.

East; A necklet of the seeds of Indian Beech cures whooping cough. An armlet of Gigantic Swallow Wort cures malaria. Organic fumigations cure epilepsy, etc. Naked children are bathed in an infusion of Maiden Hair by naked women for scrofula. A ring or amulet made from copper or gold burnt along with a corpse exerts a protective influence over the wearer against evil spirits. Bathing in certain waters on particular occasions cures sterility and amenorrhoea.

West: A spider hung around one's neck in a nut-shell cures malaria. A spider wrapped in a piece of muslin and pinned over the mantle cures whooping cough. Horse chestnut, Irish potato and rabbit's foot are charms for rheumatism. A peony root carried in the pocket has a benign influence on insanity. A ring made from a coffin nail dug from a grave-yard wards off epilepsy and cramps. If one passes through a cloven tree or a hole in a rock, scrofula, Spinal deformities and other infirmities are supposed to be cured. Naked scrofulous children are passed three times through the holed stone in cornwall. The "Deil's Needle" in the bed of the River Dee was held to make barren women fertile, if they crept through it. The West may take, some centuries to acknowledge the influence of the relative planetary position over the human system, as 'one of the causes of

disease, but it is perfectly adopted in the East. The principles of diet are perfect in the East, having relation with the Tridosha theory. This is to be explored by the West in right earnest.

PSYCHO-THERAPEUTICS

In the West this branch is based upon psychophysics; which is just now originating. The relative psycho-therapeutic methods are suggestion, re-education, persuasion and psycho-analysis. These are not without criticism. The efficacy of such a treatment is challenged by the modern scientist. Some scientists believe in the theory that there is something called the human electricity. A few months back American scientists contrived an apparatus to measure the tension of the electricity that emanates from the human brain and also believed that the drug glutamic acid stimulates the electrical activity of the nerves.

In the Far East (China) this is based upon an ancient theory, that the human system has electrical currents and the cure is by the re-establishment of equilibrium between the positive and negative potentials, effected by sticking polished needles into the skin at appropriate points. This is practised by the Acupuncture society in France, realising the benefit and accuracy of the line of treatment, but ignored by the French Academy of Medicine.

In the East (India) this had its perfection in the hands of Hindus from Psychism, which is solely spiritual and subjectively realistic. This is a perfect art with scientific means, not at all amenable to any kind of verification by any contrivance. A cure is effected by the Will. A sub-section of this is the Manthric treatment, in which a hymn or a few letters are enchanted as a medium to effect a particular cure. For instance Garudam neutralises the venom of a snake-bite. Seethala brings down the temperature. Sowram restores good health.

RESEARCH

Research in Allopathy is developing soundly and scientifically. Research in other systems of medicine, such as Chromapa-

thy, Hydropathy, etc., are being taken up by certain private concerns. Research in Ayurveda, i. e., Indigenous system of Indian medicine, is going to be taken up. Research in indigenous drugs will only add to the B. P. if taken up by the modern scientist. Why not the popular government introduce one Indian Pharmacopœa of indigenous drugs. Certain scientists are exhibiting their enthusiasm in doing research. Dr. A.K. Mukherji, M.B. dealt with indigenous anthelmintics in the Indian Medicine Gazette of February, 1947, and Mr. Kundan Singh, M.Sc. analysed "Surma" in the issue of August 1947. Want of facile support from the government slackens such research on therapeutic lines. The Madras Government is of opinion that research is re-writing, as inferred from the scheme adopted. All the indigenous systems of medicine must find place in one text before any research is undertaken. Modern scientists with patriotism should be selected to study Indian medicine and do research on modern lines. Big hospitals with impatient equipment should be at their disposal. One should, under the present circumstances, wait and watch the events. An expression to the thought is given for the benefit of the fit. It is hoped in due course Indian medicine would develop into a scientific medicine.

CASE REPORT.

CONTROL OF TUBERCULOUS TEMPERATURE WITH "PIPPALI KALPA"

by VINAYAKARAO BAPAT

It is a known fact that there is no drug, according to Allopathy to control the Tuberculous temperature. Some time back I had published in The Antiseptic, Madras, a few case reports showing the results of my experiments with Vardhamana Pippali, over the tuberculous temperature. Encouraged by the good results of these few clinical experiments, I continued the same, and in the present article a recent case report wherein the long standing (one year) Tuberculous temperature was cured

History :—Patient—male aged 50.

Occupation—Teacher.

In the childhood he suffered for a long time from Nasal

CASE REPORT

31

Flow (watery) as well as from colicky pain in the stomach. In his 25th year he suffered from Gastric Ulcer. The patient was irregular in his food from the beginning and gradually grew weaker and weaker. The symptoms of Gastric Ulcer are present even now but not so severe as before.

*Predisposing symptoms (पूर्वकाल) :—*About six years back the patient once felt heaviness in the head with continued sneezing, (10—20 times at a time) watery discharge from the nose and eyes, and cough. There was slight fever also. These symptoms persisted for about six days and disappeared without any treatment. But the cycle of symptoms began to reoccur regularly once in two months—at the joining period of two seasons. This was neglected by the patient and each time all the symptoms were disappearing within 4—6 days. As days passed on, the onset gradually became more and more severe. Thus by the end of a year the interval was more frequent and irregular, the onset more troublesome and the duration longer (7—10 days) even with efficient treatment. About six months later the onset was accompanied by Asthamatic symptoms. Treatment was now begun and is being continued till the present day.

*Present symptoms :—*The patient is having frequent attacks of cold once in 15 to 20 days. During the period of the attack all the symptoms mentioned before are present along with the evening rise in temperature. From the last one year there is mild shivering all the day long followed by a rise in temperature upto 100° F., in the evening. The morning temperature ranges between 98.5° and 99.5°. During the attack of cold the evening temperature shoots upto 102° F. The spasm of continuous sneezing sets in about 2—3 times a day. The sputum was once examined about a year back and was found to be positive (for T.B. bacilli) by ordinary method. The patient is weak and emaciated and is gradually losing weight from the last one year at the rate of 1½ lbs. per month. The present weight is 75 lbs. There is persistent cough—sometimes dry with a peculiar snoring sound—from the last one year. The phlegm is thick, sticky, and comes out as thick globules. Digestion poor. Sleep not satisfactory. At the time when my treatment was commenced the

patient has had an attack of cold with the usual symptoms about a fortnight back, which unusually had persisted. From the last fifteen days the evening temperature was all along 102° F.

Treatment—The patient was decided to be a fit case for the administration of a "Vardhamana Pippali" course and so it was started on an auspicious day (17-6-1948). The progress as observed is given below :

First Week—The patient felt a bit uneasy on the first two days. Shivering and fever were also present. On the third day there was no shivering nor rise in temperature. On the fourth day the morning temperature was 97° F and the evening 98° F. The discharge of phlegm from the lungs is increased. The same state continued for two days. On the 7th day the morning temperature came down to 96° F and the evening temperature to 97.5° F. From this day onwards the phlegm is becoming more and more thick.

Second week—Morning Temperature same as 96° F. Evening temperature ranges between 97° F and 97.5° F. Cough and dyspnoea is decreasing from the 9th day of the treatment. Sneezing diminished.

Third week—Evening temperature persistantly 97° F. Cough and phlegm appreciably less, but dyspnoea almost the same. No sneezing.

All along the first three weeks the patient was kept on milk diet, Milk, boiled rice, chapati, sugar and ghee with no salt. During this period the patient gained 3 lbs. weight. Later he was prescribed.

Abhraka Bhasma	} 1½ grs.	} Twice daily mixed with honey.
(Shataputi)		
Sitopaladi Choorna	10 grs.	

Fourth week—Same as the third week. No progress.

Fifth week—Evening temperature once rose upto 97.5° F., probably due to heavy rains. Later, during this week the patient did not take sufficient rest, and he was obliged by force of circumstances to attend to his household work, and to walk upto the bazaar (about three furlongs) in the damp climate. As

CASE REPORT

33

a result thereof the evening temperature rose upto 98.5° F with slight heaviness and uneasiness. On the very next day the patient had an attack of cold, which he used to suffer from before. All the symptoms appeared in a miniature scale and passed off within three days, and the temperature also gradually came down, where as it used to last for 10 to 15 days before the commencement of the treatment.

The above medicine was continued for three weeks but no improvement was observed. The only point to be noticed is that none of the symptoms relapsed, and that the patient was more cheerful. The following medicine was later prescribed :

1. Maha Laxmi Vilasa Rasa 1 gr. } Twice daily mixed with
Sitopaladi churna 10 grs. } honey before food.
2. Extract of Dashamoola $\frac{1}{4}$ dr. with $\frac{1}{2}$ oz. of boiled water twice daily after food.

This medicine was continued without break for one and a half months. During the latter half, the vehicle (अनुपान) was changed. Powder No. 1 was mixed with $\frac{3}{4}$ tola of fresh butter, 1 teaspoonful of honey and 10 grs. of sugar candy. The evening temprature during this period ranged between 97° F and 97.5° F and never went beyond *even though the patient had to exert himself to a considerable extent on certain days*. Cough and phlegm appreciably decreased. Patient feels a sort of liveliness. The colour of the skin is becoming blackish. Appetite good. Sleep as before. Urine coloured as it was before the commencement of the treatment. No change in the weight. Sensation of the attack of coryza shows itself once in a fortnight, remains for a day, and passes off without giving any trouble.

It was found out through 'Upashaya' (उपशय) also that the above medicine suits the patient. This medicine was to be suspended for about a fortnight as the stock with me was exhausted and as fresh stock did not arrive in time. During this period all the symptoms increased a little and even the temperature shot up to 98.5° F on one day. The medicine

was repeated when the fresh stock arrived and within four days the patient began to feel the former liveliness.

By the first week of November, 1948, *i.e.* a little over three months after the commencement of the above treatment, the patient showed appreciable improvement. Cough is almost cured. The temperature is persistently normal; inspite of the fact that the patient is daily walking upto the bazar once or even twice in a day. The patient is in a mood to attend to his professional work. Face more reddish and the patient looks more cheerful.

In the middle of November, 1948, the patient was abliged to attend to his professional duties as a teacher. During the first 4 or 5 days there was no change but later, the temperature began to gradually rise in the afternoon and on the eleventh day it shot upto 100.5°F at 3 p.m. Due to financial inconveniences the patient was not in a position to take further leave, excepting a couple of days. So it was decided to try the old "Pippali" course but in a milder way and to allow the patient to attend to his work. He was prescribed :

R/-

1. Pippali Ksheerapaka with 45 grs. of pippali powder boiled in 10 totas of cow's milk in the morning.
2. Siddha Laxmi Vilas Rasa 2 grs. } With milk in the
Sitopaladi Churna 5 grs. } evening.

The temperature gradually came down to the previous stage within a week. The same medicine (No. 1) was continued, gradually increasing the doze or Pippali upto 80 grs. and the second medicine was replaced by Mahalaxmi Vilasa Rasa as before, but in a smaller dose and that too only once a day.

The patient is showing gradual improvement and has also gained 2 lbs. weight (by the end of December 1948). Cough almost nil. The attack of Coryza is persistant but the symptoms pass off within a day or two without any rise in temperature. There is occasional sneezing but the spasm like sneezing is stopped. The patient is more lively and is attending to his household and professional work without any trouble.

The treatment is being continued.

REPORTS

Chopra Committee Report

SUMMARY OF THE RECOMMENDATIONS

INTRODUCTION

In spite of its static condition, Indian medicine is still largely practised in India. There is demand for it on the part of large and varied sections of the population. Ayurveda is not only the original science of medicine, but is also a rich store-house of principles and generalisations of medicine, which can be of great value to modern science in general and medicine in particular. Unani Tibb closely resembles Ayurveda in this respect. This Committee does not believe that there can be separate systems of Western or Indian medicine. Science is universal and medical science is no exception to this rule. Such multiplicity of systems is only believed and encouraged by people who have not clearly grasped the significance of the noble ideals as preached by the great Acharyas of Indian medicine and the savants of the Western medicine. The so called systems merely represent different aspects and approaches to medical science, as practised in different ages and in different parts of the world. The aim of all systems is the maintenance of health, and prevention and cure of disease. Any thing of value emerging from these should be integrated and utilised for the benefit of humanity as a whole without any reservations.

RECOMMENDATION OF PREVIOUS COMMITTEE.

Though this Committee is the first of its kind set up by the Central Government, there have been a number of others set up by the Provincial Governments, from time to time, to deal with problems relating to Indian medicine. These Provincial Committees have made a number of recommendations which would be applicable to their respective Provinces. The Governments have taken some measures of action on the recommendations of these Committees. There are, however, many important recommendations made by them which remain unimplemented. We recommend that early steps may be taken by the Provincial and State Governments to implement them.

as early as possible, keeping in view our recommendations and co-ordinating them in such a manner as to effect uniform standards throughout.

EXISTING CONDITIONS.

As the health of the people depends on economic, physical, mental, moral and social conditions, proper steps should be taken by the State to improve these factors and infuse proper health consciousness in them by educating them in all these matters.



Col. Sir R. N. Chopra

The medical relief comprises health personnel and medical institutions. At present there are two agencies—Western and Indigenous—which render medical relief. Every attempt should be made to harmonise these two and unify them as far as possible in the training and relief centres.

The existing conditions of both training and relief centres are not satisfactory, and considerable amount of improvement in accommodation, equipment and personnel is necessary. A list of these has been furnished in a tabular form.

SYNTHESIS

Taking into consideration the practical working of actual schemes that have been adopted for the last two decades towards integration of Indian and Western medicine in the teaching institutions of Indian medicine in India, our considered opinion is that syntheses is not only possible but practicable, though it will be time-consuming and not easy.

We believe that, while Indian medicine can take much of practical value from the Western medicine, the latter can also learn much from the philosophic background of Indian system, its comprehensiveness, the importance it attaches to the soil factor and dietary, its generalisation of principles and the knowledge of truth gained by the use of supra-sensory perception.

Opinion in favour of integration leading to synthesis has been expressed by exponents of Western and Indian medicine and by the prominent members of the lay public and we are of opinion that immediate steps should be taken in this direction.

The first step to be taken in this regard, will be the integration of courses by arranging the curricula in such a way that whatever weak in the one system is supplemented and strengthened by the strong points of the other system or systems.

The second step will be the teaching of each subject by the same teacher, instead of by separate teachers as now, giving the students a reconciliation of the views of the Indian and Western medicine. In this way the students will gain a knowledge that is unified and integrated imbued with the spirit of the ancient Indian medicine and well equipped with modern science.

The final step will be the research institute, where experts of Indian and Western medicine will work side by side, checking and verifying the various hypothesis and theories, either rejecting or harmonising them. If the theories are such as could neither be rejected nor reconciled, they are to be used as parallel hypothesis.

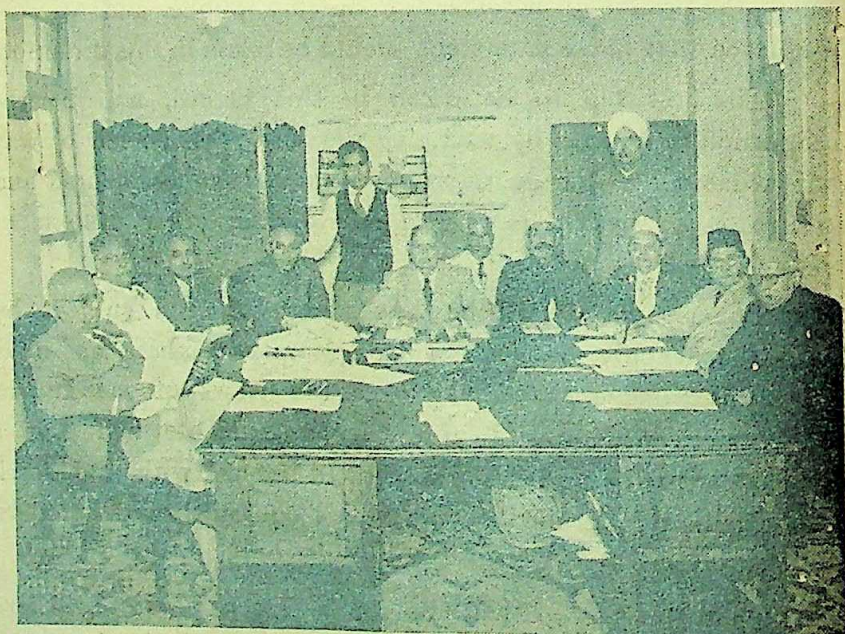
While Western medicine is being taught in the Colleges of Indian Medicine, Chairs of Indian medicine should be established in the medical colleges (Western medicine) to educate students in the principles of Indian medicine. As research brings out more and more of knowledge of utility, the teaching which, at first, will perhaps, be merely of historical interest can gradually incorporate such knowledge in the other system.

To facilitate the integration of teaching and studies, the following steps should be taken simultaneously : (i) improvement in the basic education of the entrants, (ii) compilation of unified text-books giving integrated version of Indian and Western medicine and (iii) training of teachers for the integrated studies.

COMMITTEE ON INDIGENOUS SYSTEMS OF MEDICINE

(Government of India, Ministry of Health)

27TH JULY 1948.



Sitting (Left to Right).—

1. Dr. B. N. Ghosh; 2. Dr. A. Lakshminpath; 3. Lt.-Col. M. H. Shah;
4. Dr. C. Dwarkanath; 5. Col. Sir R. N. CHOPRA (*Chairman*); 6. Dr. V. Narayanaswami; 7. Hakim Nasiruddin Ahmed Khan; 8. Dr. B. C. Lagu; 9. Dr. B. A. Pathak; 10. Vaidya Jadavji Tricumjee Acharya.

Standing (Left to Right).—

1. Sri G. Balakrishnan; 2. Malik Bodh Raj.

The first source of supply of teachers for integrated studies will be from the present Schools and Colleges of Indian Medicine. Though, in the beginning, they may not be of a high order they should be forthcoming in sufficient numbers soon.

Promising graduates of both systems, with proper training will form the second source of supply to the future colleges provided good prospects are open to them.

The Students should have working knowledge of Sanskrit and Arabic for Ayurvedic and Unani systems respectively and sound knowledge of English and basic modern sciences *viz.*, chemistry, physics and biology before taking to professional studies.

One of the main objections raised against integration is that it will give rise to mental confusion in the student but if the teachers and the taught are of the right type this should not occur.

The other objection is that the integrated studies cannot be completed in the time specified for the course. If the syllabus is properly worked out and a lot of unnecessary details eliminated, as is now proposed to be done in America, and has also been recommended by the Health Survey and Development Committee, there should be no difficulty in completing the integrated course within the specified period.

EDUCATION AND EDUCATIONAL INSTITUTIONS.

The conception of education to be given to a medical practitioner must be considerably altered and enlarged so that, he will not only have the knowledge of technical subjects, but also acquire a general background in sociological subjects. In other words, he should have the fullest opportunities for the development of scientific and humanistic talents to enable him to be a friend, philosopher and guide to his patients.

The curriculum of studies should be so arranged as to give the student adequate knowledge of Indian medicine with the essentials of Western medicine, particularly in those branches where, Indian medicine is deficient, to make him become better fitted for modern conditions of practice.

The course of training should extend to five years. A short-term course of three years should be conducted for an interim period, till an adequate medical personnel become available for work in the rural areas. In order to enable the student to undertake such studies successfully, (i) there should be a higher standard of basic qualification, (ii) methods of teaching should be improved, (iii) unnecessary details should be eliminated and (iv) the instruction should be given through either National or Provincial or Regional language.

A Curriculum of studies applicable uniformly to all parts of the country, has been worked out and a syllabus furnished.

The Government should set up a Board of experts for editing and publishing classical texts and compiling the right kind of text-books harmonising the ancient and modern knowledge, first in Hindi in case of Ayurveda and Urdu in case of Unani and latter to translate them into provincial and regional languages.

Teaching institutions should be adequately subsidised by the State and maintained at a definite standard.

There should one or more well-equipped and adequately staffed institutions in each Province and State. The teachers should be adequately paid and they should not be allowed to have private practice.

Those institutions which fail to come up to the prescribed standard should not be allowed to carry on with the work of instruction. Such institutions, should if possible, be amalgamated together into one good institution or used for the purpose of medical relief.

All teaching institutions should also be centres for carrying on research, in which, both the students and teachers should participate.

A permanent increase in the number of trained medical personnel will take a long time to have, and even if they are available at a distant date, these persons will be inclined to settle, by preference in the Urban areas only inspite of monetary inducements that may be offered to induce them to settle in villages. The pressing problem of immediate rural medical

relief will thus remain unsolved. We, therefore, suggest that use should be made of the existing practitioners of Indian medicine by giving them necessary training in public health and other essential subjects.

ORGANISATION OF MEDICAL RELIEF.

According to the figures we have been able to collect there are more than, 200,000 indigenous practitioners in the country and out of whom we expect at least 25,000 to come forward for this course during five years. In addition to this, there are about 4000 of institutionally qualified practitioners. This number should be sufficient to man the primary village dispensaries so urgently needed.

The following suggestions have been made :—

- (i) That a six months' course in the elements of public health, minor surgery, obstetrics, etc. be given to them.
- (ii) That registered practitioners who wish to take the course be given a subvention of Rs. 30/- per month,
- (iii) That graduates of Colleges of Indian Medicine who wish to participate in the scheme are allowed to sit for the examination only without having to undergo the special course, and
- (iv) That those persons who pass the examination should be taken in the scheme of rural medical relief.

There should All-India standards of professional and technical education for health personnel and a stable and continuous long range health policy.

To enable the scheme of the rural medical personnel to be put into early working, suitable text books should be written by experts. These book should be made available in all provincial and regional languages.

A medical practitioner trained according to our scheme (Nos. (i) and (ii) is to be put in charge of a rural dispensary to serve a population of 3,000 to 3,500 and, this will be the primary unit of our medical relief of programme.

The secondary unit will be in charge of an institutionally qualified person whose headquarters will be in a big village and which would give relief to a population of 10,000 people. This unit shall also supervise the work of the primary units.

The Panchayat Unit should have a mobile unit with emergency equipment and nursing staff. These practitioners will visit the various villages under their jurisdiction and give such help as may be required of them by the village practitioners. This will serve a population of 50,000 people.

There should be adequate provision for inpatients in the taluk, district and presidency towns. These hospitals should provide relief in all the branches of medicine, be well-equipped and manned by both practitioners of Indian and Western medicine, the latter doing surgical and obstetrical work and the former treating mainly with Indian medicine. This bilateral arrangement is only for a short time—till the synthesis has taken place and medical personnel qualified under it are available.

STATE CONTROL.

It is our view that the time has come for the Government to deal with the matter of control of education in and the practice of Indian medicine in a comprehensive manner and that the Government should set up a Special Committee to go into the matter of control and registration so that an All-India system of control is evolved, and, if possible, one single Register be maintained for practitioners of all recognised system based on a comprehensive Act of the Central Government.

That, if the problems of health and medical relief are to be tackled on a national footing, the State should take up into its purview all the recognised systems in the country and legislate comprehensively for all instead of by piece-meal provincial legislation.

In legislating for the control of recognised systems of medicine the following fundamentals should be kept in view:—

- (1) Adequate provision for the supervision of medical education of all the recognised systems, and their teaching and treating institutions.

- (2) Registration of practitioners of the recognised systems.
- (3) Disciplinary control over practice.
- (4) Setting up a consultative and advisory body on matters relating to public health and medical relief.

The actual carrying out of the above desiderata should be made over to a statutory body—the National Medical Board. This Board should consist of two autonomous sections—the Indian Medical Council and the Council of Indian Medicine—one working for the Western medicine and the other for Indian medicine. The provincial and regional branches should be affiliated to the Board which will also be an appellate authority over disciplinary actions on practitioners and institutions taken by provincial branches. In the matter of representation on the Council of Indian Medicine, the proportion of institutionally qualified must be larger than that of the non-institutionally qualified practitioners.

Registration should be made compulsory to all the practitioners—both Western and Indian. Then only it would be possible to squeeze out the quacks and prevent the gullible public from being exploited.

The Register of practitioners of Indian medicine should be separate from that of the practitioners of Western medicine for the present. Later when the standard of education in the Colleges of Indian Medicine improves and the non-institutionally qualified fade out, the questions may be reviewed and the desirability of having one Register considered.

Those who have no recognised academic qualifications include well known Vaidyas and Hakims. No distinction should be made in the register between the institutionally qualified and non-institutionally qualified. However, there should be separate electorates for each of them for representation in the councils.

RESEARCH

There is an urgent necessity for inaugurating research in Indian medicine, so that, it may, in an abundant measure, contribute to the corpus of medical science and art. By research, Indian medicine which has been static for many

centuries, will once again make its contribution to the welfare of the people of this country and of the world.

There is overwhelming evidence from all quarters in favour of research in Indian medicine.

This research should have twofold aim :—

- (i) To clear Indian medicine of accretions of centuries, of doubtful value and to make its Science and Art intelligible to modern minds.
- (ii) To work for a synthesis of the Indian and Western medicine so as to evolve a unified system of medical relief and education, suitable for conditions of life in India.

Research should be conducted under following categories :

- (i) Research in the fundamental doctrines of Ayurveda and Unani Tibbi,
- (ii) Literary Research,
- (iii) Clinical Research,
- (iv) Drug Research—pharmacological,
- (v) Research on nutrition and dietetics, and
- (vi) Research on psychological aspects of medicine.

A Central Council of Research in Indian Medicine should be set up immediately, whose functions will be analogous to those of the Central Medical Research Organisation. This should consist of :—(i) Eminent practitioners of Indian medicine, (ii) Representatives of scientific bodies dealing with Indian medicine, (iii) Representatives of educational institutions where research in Indian medicine is being carried on. This Council or Board should be nominated in the first instance by the Government.

The functions of the Research Council should be the following :—

- (i) The formulation of policy of research in Indian medicine.
- (ii) The co-ordination of the policy with that of the other medical and other research activities.
- (iii) The organisation of and general control and supervision over the Central Research Institute

in Indian Medicine to be established.

- (iv). Stimulation of research in Indian Medicine in the Universities and educational institutions.
- (v) Laying down of rules for the appointment of the Directors and superior staff.
- (vi) The appointment of the staff.
- (vii) The appointment of Advisory Committees for research work in special subjects.
- (viii) The allocation of funds and grants in aid for research work in the Central Research Institute and in other centres.

Research Institutes are of two types :

- (i) The multipurpose or divergent which deal with many kinds of subjects with no common bond of interest.
- (ii) The unipurpose or convergent which considers problems connected with the common subject.

The Institute envisaged by us will be of the second type.

The Central Research Institute should have the following Section :—

- (i) Clinical Section with a hospital of at least 100 beds with up-to-date equipment.
- (ii) Laboratory Section with well-equipped laboratories to carry on research in all subjects relating to medicine.
- (iii) A Pharmaceutical Section—To study and experiment on the methods of preparations of organic and inorganic remedies used and the constitution of final products.
- (iv) A Central Research Library for Literary Research.
- (v) A Statistical Section to determine the lay-out of experimental work so that results thereof may be statistically comparable.
- (vi) A Museum of drugs and Herbarium of natural and preserved specimens of medicinal plants.

The actual direction and control of the Research Institute shall vest in the Director. As the success of the Institute will

depend on the ability and character of the Director he should be a person of high scientific attainments having extensive research experience preferably in Indian medicine to his credit, besides sound organising capacity.

The sectional heads of various sections should be well versed in general science as well as in both Indian and Western medicines.

As the staff of the Institute will have arduous duties to perform both in connection with research and post-graduate teaching they should not be allowed to take up private practice. Their pay and emoluments and prospects should be the same as those of other similar research institutions.

The progress of work in various departments should be published in a journal of the Institute which may be called Archives of Indian Medicine.

The Central Research Institute may be located in New Delhi where it is proposed to locate the all-India Medical Research Institute and other research organisations or it may be located in one of the Provinces or States where research atmosphere and other related facilities are available *e.g.*, Bangalore or Banares.

Provision for Research should be made in every teaching institution with its attached hospital.

In the Central Research Institute provision should be made for post-graduate courses and training of research workers; research Fellowship of the value of Rs. 150/- per month tenable for three years in the first instance and to be extended to five years in special cases should be provided for.

DRUGS AND MEDICINAL PREPARATIONS

There is great difficulty in correctly identifying many of the medicinal plants used in Indian medicines. The task of proper identification should be taken up in all the provincial and regional centres co-ordinated under the direction of the proposed Central Research Institute.

The identification of medicinal plants will be helped to a great extent if a herbarium of properly identified and preserved specimens of all known medicinal plants is established

in the Central Research Institute. Such collections already exists in the Forest Research Institute, Dehra-dun, School of Tropical Medicine, Calcutta and Drug Research Laboratory, Kashmir. These may form the basis for further work on the subject.

For the extension of medical relief on rational lines, it is not only necessary to study medicinal plants but also to cultivate them to obtain authentic and regular supplies. To do this successfully, a careful survey of medicinal plants is necessary. This will also help to determine suitable localities for their cultivation.

The programme of survey and cultivation of medicinal plants should be carefully worked out by the Central Research Institute in collaboration with the representatives of the Forest and Agricultural Departments of Provinces and States and Botanists.

As the existing literature is scattered and not easily comprehensible to students and practitioners, a proper text book on *Materia-Medica* should be compiled giving all the necessary particulars of different drugs by collecting and sifting all available information on the subject.

It is not possible to prepare immediately an Ayurvedic Pharmacopœa on the lines of Western Pharmacopœa, in the absence of the necessary data required for this purpose.

The Central Research Institute should appoint an expert Committee to collect data, and consolidate them to form two lists—one of important single drugs and the other of important compound preparations. This will form the basis of a Pharmacopœal List of Indian medicine. It should give all the information, regarding the character, method of preparation, dosage and modes of administration with various vehicles (anupana) etc. of the medicinal preparations.

As there is great difficulty in securing supply of genuine drugs for the manufacture of standard preparations, it is necessary that (a) collection and distribution of crude drugs should be arranged to be carried out under a license of the

Government, and (b) those who sell crude drugs in the market should also be licensed and controlled.

A small Committee consisting of the representatives of the Industry, Vaidyas, Hakims and a few modern Pharmacists should be constituted to examine the requirements of the country in respect of indigenous drugs and finished preparations and to suggest how best the control over them may be exercised.

Certain minimum standards should be laid down regarding the minimum staff, equipment and accommodation that is necessary for the efficient working of commercial manufacturing firms.

In respect of procuring excisable and poisonous drugs such as opium, *ganja*, alcohol etc., the same facilities as are available to the manufacturing firms of Western medicine should be made available to the firms which prepare Indian medicines,

Well-trained pharmacists of Indian medicine are essential for making available reliable preparations to the public and the Committee envisaged above should recommend ways and means to start a suitable course of training for Pharmacists.

The profession of pharmacy relating to Indian medicines should be controlled by registration on the lines of similar legislation enacted for the profession of pharmacy of Western medicine.

FINANCE

The proposals in the Chapters on the Medical Education, Medical Relief and Research would involve additional expenditure to the Central and Provincial Governments and the States. The Committee are unable to give detailed recommendations regarding the extent of the additional expenditure that may be required for implementing their proposals. They urge that, in the existing conditions of health in rural India, Medical Relief should receive a high priority in the provincial budgets.

A liberal Government grant should be made to those selected from among the existing educational institutions, to

enable them to provide for adequate accommodation, equipment and staff. This may amount to a sum of Rs. 2 to 2½ lakhs as capital expenditure and Rs. 1 to 1½ lakhs as recurring expenditure to each institutions selected for the purpose by a Committee to be appointed for the purpose. The total cost will be Rs. 10 to 15 lakhs annually divided among all Provinces and States.

400. The subvention of Rs. 30 per month for each trainee for the rural medical scheme would cost a sum of Rs. 1,20,000 for each Provincial Government for training 600 practitioners every year.

The staff for the proposed Research Institute and their emoluments have been worked out. The capital expenditure for accommodation and equipment would come to Rs. 5 lakhs and the recurring expenditure would come to Rs. 2½ lakhs annually. The latter amount would be considerably less in the beginning, as only one or two research sections, *e. g.* Literary and Clinical will be started in the first instance. Other sections will come in probably in the course of five years.

A Deputy Director General of Health Services should be appointed under the Health Ministry to hold charge of the Section of Indian medicines. He will be responsible for implementing the recommendations of the Committee and co-ordinating the work in the Provinces.

—o—

Continued from page 2

science out of the recognised institutions. England, which is much more advanced in the matter of education than India, has found it inadvisable to impose any restrictions on practitioners without university qualifications.

We are afraid of the attitude of some of the Allopathic practitioners who are raising an unreasonable hue and cry on finding the government of India and Provincial Governments trying to utilize the potentialities of Ayurveda for the benefit of the people. Failing to advance by convincing reason, a new plea has been advanced in support of their system. It is, that India being a member of the United Nations Health Organisation, must keep itself wedded to Allopathy, which is in vogue in most of the member nations. This argument has a fascinating look, yet it is as flimsy as to say that India being a member of the U.N.O., must have Christianity as its State religion, because most of the member countries are having it so. We hope our Government will not be misled by such propagandists.

Message

Kaviraj Hariranjana Mazumdar, Bhishagacharya and Kaviraj Durga Dutt Shashtri, Ayurvedacharya, hasten to offer their heartfelt thanks to all the members of the All-India Ayurvedic Congress for electing them with an overwhelming majority as Presidents of the All-India Ayurvedic Congress and Vidyapeetha respectively. With the advent of Swaraj the responsibilities of Vaidyas have increased and the need for giving altogether a new orientation to Ayurveda so as to make it comprehend, on the broadbased background of its fundamental varieties, the advances made all over the world in the realm of Science in general and Medicine in particular; to fill up the hitches provided in its generalisations and principles "even from an enemy life-saving measures" as Charaka has wisely expressed. The time has now arrived that Ayurveda should not only seek to serve the country in a greater measure and prove her scientific soundness but also catch up with the great achievements of the science in the West. The only body which can deliver goods in the directions mentioned above is the great body of Vaidyas of India viz., the All-India Ayurvedic Congress and Vidyapeeth. It will, therefore, be necessary for all the Vaidyas to stand together shoulder to shoulder and direct their energies towards the conservation and propagation of the great achievements of the past and vouch for Ayurveda as great a future. We earnestly trust that all votaries of Ayurveda would assemble together in the ensuing All-India Ayurvedic Congress at Baroda, irrespective of the different views they may represent and offer their wise and ripe judgement on matters which may come up for our considered decision.

VANDE MATARAM.

Kaviraj Hori Ranjan Majumdar

Born in Kashmere 63 years back while his father Kaviraj Shashtri Charan Majumdar was family physician in the Kashmere State during the time of His Highness Ranbirsinghji and H. H. Maharaja Pratap Singhji, although his forefathers belong to Chittagong (East Pakistan). He belongs to generations of Ayurvedic Physicians and is the 13th descendent. After

carrying on his general education in Bengal he took his M. A. degree in Botany in 1908 from the Presidency College, Calcutta. Studied Ayurveda under the feet of the famous Kaviraj Umacharan Bhattacharya of Benares for many years and carried on private practice in Calcutta and Benares. Lately in the year 1920 late Hakim Ajmal Khan requested him to take over the charge of the Ayurvedic and Unani Tibbia College of Delhi.



Kaviraj Hariranjana Majumdar

Worked there as the Head of the Ayurvedic Department for about 17 years. In the meantime he struggled hard for the recognition of Ayurveda in the Delhi Municipality. After three years' hard struggle he succeeded to start Ayurvedic Dispensary and took the charge of running it under great difficulties. He worked there for eleven years with great success. At present there are five Ayurvedic dispensaries serving the Delhi public. Lately in the year 1937 he gave up both the services

and started his private practice and a Pharmacy. At present he is in Benares enjoying as a retired life. He was Vice-President of the All-India Ayurvedic Congress and presided several conferences at different Places.

Shri Durgadutta Shastri

Born in 1901 and belongs to Dundlod (Jaipur State). Took his Shashtri degree from Sri Hari Ram Goenka Sanskrit Mahavidyalaya under Pandit Vidyavaridhi Pandit Ramdhariji Shashtri. Started his studies in Ayurveda under the famous Kaviraj Umacharan Bhattacharya of Benares. Joined the Benares Hindu University and took his Ayurveda Sastra-



Shri Durgadutta Shastri

charyya degree in 1926 under Kaviraj Dharmdasji. Carried on private practice in Benares and took over the charge of Ayurvedic Section of Sriram Laxminarayan Marwari Hindu Hospital Benares in the year 1928. Since then he has been working as the head of the Ayurvedic Department of the Hospital with great success. Worked for about three years as a general Secretary of All-India Ayurveda Vidyapeetha. Examiner of various Ayurvedic Institutions of India. Edited and translated the Sharangdhar Samhita in Hindi named Tatwadipika. Presided the Jaipur Rajya Vaidya Sammelan in 1948.

NOTES & NEWS

PAN CHEWERS ARE AGENTS OF T. B.

I fully endorse the suggestion of Mr. Joseph Coutinho (Mid-week BLITZ, January 18) that pan-chewing should be banned. By J. A. MONIZ

Dr. R. B. Billimoria, presiding over the Tuberculosis Workers' Conference in Calcutta, suggested that the Government should launch a crusade against this habit of chewing "pan-supari" and converting the country into a big spittoon.

One can hardly find a busy place in India without the trade-mark of the pan-chewing brigade. Vivid marks are seen on pillars and platforms of stations, at market places, pavements of roads, carriages of trams and trains, walls of cinema houses, etc., etc.

It is a well-known fact that tuberculosis takes away millions of lives every year in India. The habit of spitting indiscriminately facilitates the spread of this disease.

It is useless for scientists to work hard to cure this wasting disease when we in India ignore its cause and origin.

(It is very strange to learn that scientist like Billimoria confusing different problems. Pan chewing is not necessarily connected with spitting. It is the tobacco chewing that induces a person to spit often. Pan chewing is altogether independent of tobacco chewing and very few person chew them together. Pan in Ayurveda with supari and lime is considered very useful for digestion and for increasing vitality. Habit of Pan chewing is

cheaper and more useful than tea and tobacco taking. It has not got the evil effects of tea, coffee and tobacco. Thus a scientist is not expected to jump from onething to another uncorrelated things and that also without having the full knowledge of the thing.

HERBARIUM AT SEWAGRAM

Dr. D. Narayana Row writes from Sewagram, Wardha :—

The pleasant function of inaugurating a Herbarium of indigenous drugs was performed by Dr. A. Laxmipathy, President, All-India Ayurvedic Congress in the premises of the Talimi Sangh on 18th February, 1949, at 9 a. m. in Sewagram, Wardha. Aryanayakamji in introducing Dr. Lakshmipathi said that it was a desire of Mahatmaji to promote the utilization of herbs in rural areas and to conduct research in the vast field that is available in India. He said that he requested Dr. Laxmipathy to help him in organising a herbal garden in land surrounding the Talimi Sangha School so that the boys may get familiar with the most common plants. He hoped that the small beginnings made today will expand quickly so that a model herbarium will be created in the spot.

Dr. Laxmipathi in inaugurating the function said that for movements of this kind it is not the money that is so much required but it is a band of sincere workers. He said that he was glad to take the challenge made by Aryanayakamji demanding the Ayurvedic doctors to come forward and show that they should rise to the occasion and demonstrate the benefits of Ayurveda to the people. He further observed that providentially he found a suitable person in one Gutta Subrahmanyam who is an expert in the line. He said that Sri Subrahmanyam although did not possess an University qualification, had an intuition for gardening and was an expert in plant culture.

Dr. Laxmipathy, incidentally, referred to "Vrikshayurveda" an ancient book which dealt with not only the growth of plants but also the diagnosis of their diseases and treatment. Our forefathers developed plant culture into a great art. This gives clear instructions to produce not only cotton of different colours but also multicoloured cotton in the same plant. The art only remains to be survived.

The students of the Talimi Sangh then planted around the hedge the seeds of Aaragwadha and several others seeds in a seat bed specially prepared for the occassion.

AYURVEDA VIDYALAYA AT MIRZAPORE

"The Sanatan Dharma Ayurveda Mahavidyalaya. Teorantola, Mirzapur which has now stepped into the third year of its life, treated 13,476 patients (new—6341, old—7135) during the year 1948-49".

BOARD OF AYURVEDIC MEDICINE, ASSAM

Gauhati February 13—The Government of Assam have decided to constitute a board called "The Board of Ayurvedic Medicine, Assam" for purpose of encouraging the study and spread of the Ayurvedic system of medicine and to supervise and regulate its education and practice in the Province.

The rules and regulations for the constitution and duties of the Board published in the Assam Gazette say that the Board of Ayurvedic Medicine will consist of nine members and a president. The present as well as four of the members will be nominated by the Government while the remaining five members will be elected by the registered practitioners of Ayurvedic medicine from amongst themselves.

The Board will be a corporate body having perpetual succession. The Board will ordinarily meet twice a year and among other things it will prescribe the course of training and qualifying examinations including examinations prior to qualifying examinations.

The decision to constitute the Board follows the opening of the Assam Government Ayurvedic College in Gauhati on Dec. 20.

THE 18th L. I. M. CONFERENCE

Since it has been found that All-India Ayurvedic Congress Sessions will be held on 6th and 7th March, 1949, at Baroda and some of our members are arranging to attend the Sessions at Baroda, the Reception Committee has decided to postpone the above Conference to 20th March, 1949. The Conference was convened specially to consider the Report of the Committee on Indigenous Systems of Medicine (Chopra Committee Report). As the Government of India did not publish the said

Report so far, it is found also desirable to postpone the Conference to 20th March, 1949. Before that date, it is hoped, it will be released to public. The Reception Committee with pleasure announces that Hon'ble Sri A. B. Shetty, M.L.A.—Minister for Public Health—Government of Madras has kindly consented to open the Joint Sessions of the above Conferences.

Lodging and Boarding arrangements have been made for the delegates;

Y. KONDAL RAO,

Secretary,

The 18th L. I. M. Conference Reception Committee and
All India National Medical Conference Special
Sessions, 'Nandakuti' Besant Avenue.
Adyar, Madras.

AYURVEDIC INSTITUTIONS AT JAMNAGAR

Dr. Barlingay, the Health and Education Minister of Central Provinces, accompanied by Mr. Puranik, the Manager of Shree Dhoota papeswar Pharmacy of Panvel and Vaidya Shashtri Hirlekar of Amraoti, came by plane to Jamnagar, specially to see the Ayurvedic institutions and their working. During his sojourn of four days, he fully utilised his time by discussing and examining the various aspects and important points concerning the medical relief and education for the teeming millions of India and he was fully convinced how Ayurveda, the result of the practical experience of our Maharshis for ages, can solve the difficult problem of our programme of medical aid and education, in accordance with the present concept of modern scientific methods. His utmost satisfaction and pleasure were revealed when he poured high encomiums on the Ayurveda institutions and their organizers, and the climax was reached when he declared that light in the form of Ayurvedic knowledge would come from Jamnagar—Saurashtra, as had been the case so many times before in other spheres of knowledge. In the end, he declared his wish to hold a meeting of all the Health Ministers in India, at Jamnagar and chalk out a programme of Medical aid.

SOCIAL WELFARE CENTRES TO BE ESTABLISHED—OBJECTS AND PURPOSES OF GANDHI MEMORIAL FUND

Wardha, Jan. 27—"All activities assisted from the Gandhi National Memorial Fund shall, as far as possible, be conducted in consonance with the ideals and methods associated with the name of Mahatma Gandhi and no discrimination shall be permitted therein on grounds of caste, creed or sex", says Dr. Rajendra Prasad, President of the Fund, in a statement, explaining the objects for which the Fund shall be used.

He says : Inquiries have been received from time to time concerning the objects for which the Gandhi National Memorial Fund will be used. The matter was discussed at a special meeting convened by the Provisional Committee of the Fund on December 7, where it was decided that the income of the Fund and also the corpus or any part of it shall be used for all or any of the following charitable objects and purposes...

Establishment and maintenance, for the benefit of the poor, homes for women and children, hospitals and charitable dispensaries, maternity homes, child welfare centres and other institutions of similar nature such as ante-natal and post-natal clinics, convalescent homes and sanatoria.....

We wish our apprehension to prove false that like K. Surba Gandhi Fund and Kamla Memorial Fund only Allopathic system will be given chance to utilise this public fund also. The times are now changed and we hope that the trustees of this fund will in the changed circumstances give equal, if not better opportunity to the Ayurvedic system also in the service of the country.

HOUSING OF U.P. STATE DISPENSARIES

Lucknow, Jan. 27—A sum of Rs. 6 lakhs is proposed to be spent on the construction of buildings for State dispensaries in the U. P. There are 300 dispensaries already in existence, and 72 more are to be established shortly.

Most of the dispensaries are housed in rent-free buildings provided by villagers. These are generally kuchcha structures and not very suitable for the purpose. In certain places where donations were collected by the public, buildings have been constructed, with suitable grants the Government.

The Provincial Government has decided to go ahead with its scheme of constructing buildings for dispensaries in those areas where public donations to the extent of one-third of the total cost of the building are forthcoming. To start with, 50 such buildings, each costing Rs. 11,500 will be constructed. In view of the great difficulty in obtaining building material and paucity of funds, only a token start will be made this year. The first step will be acquisition of necessary land for the buildings which by itself will cost Rs. 35,000/-.

ALL INDIA AYURVEDIC CONGRESS

The 36th All India Ayurvedic Congress will be held at Baroda on 10,11,12th April 1949. Vigorous preparations are going on. Kaviraj Hari Ranjan Majumdar M.A., Bhishayacharya will preside over the deliberations. The special feature of the Congress will be the Pharmaceutist Congress and the foundation for a national Ayurvedic Pharmacy most probably will be laid in the Congress. The Report of the Chopra Committee is another item to be considered. The conference will be unique in the history of Ayurveda where it is expected the whole trend of thought in Ayurveda would be given a new outlook. Invitation to delegates and Vaidyas have already been issued. Those who have not received the invitation and want to attend the conference are directed to contact the following at an early date.

AMBALAL K. BAROT,

Secretary,

Reception Committee

THE 36TH ALL-INDIA AYURVEDIC CONFEREN

Madan Zampa Road, BARODA.

— 0 —

Books Received

1. Report of the Committee on Indigenous Systems of Medicine.
Published by: the Ministry of Health,
Government of India.
Pp. 1st volume. 200, IIInd Volume 550.
2. Ayurvedic Treatments of Kerala. By Vayaskara N.S. Mooga.
Published by: Vaidya Sarathy, Kottayam
Pp. 90, Price Rs. 3/-.
3. Tantra Yukti (Sanskrit)
Published by: Vaidya Sarathy, Kottayam.
Pp. 34, Price Re. 0/12/0.
4. Keshava Kalyana (Hindi)
Published by: Anubhuta Yogamala, Barlokpur, Etawa.
Pp. 75, Price Rs. 2/-.

YOUR PILES GONE PILES SCREW Regd.

Many Physicians claim to cure Piles permanently without any guarantee. On the contrary, I guarantee to cure Piles permanently on a money back guarantee, no matter what stage yours has reached. You will get marvellous results from my remedy. Rs. 12-13-0 per bottle.

LEUCODERMA

The only invention up-to-date recognised and praised from coast to coast for unique cure of white patches only by internal use. Histologically Demonstrated and UNANIMOUSLY admitted, "LEUCODERMINE" (Regd.) Rs 25-13-0 per bottle. Perfect Cure is guaranteed. No matter if congenital or self-acquired.

THE DEAF HEAR

Permanent Cure, No Relapse

Deaf People:—Very easiest method to restore the accuracy of hearing power quite marvellously. No matter if there is any derangement established in the apparatus. GUARANTEED and Recognised "EMERALD PILLS (AND RAPID AURALDROP)" (Regd.) Combined treatment). Rs. 37-13-0 Full course. Trial course Rs. 7-5-0.

ASTHMA CURE

You surely expect for radical cure. You tried so many; but they were relieving agents. It shall cure you permanently. No relapse guaranteed. Any chronic nature or type of asthma and bronchitis, colic pain, piles and fistula are also cured successfully.

CATARACT (Without Knife)

No matter ripe or unripe. No matter however old the patient. Guaranteed. No sick-bed or hospitalisation. Particulars Free. Give full patient history to.

DR. S. SHERMAN, F.C.S. (U.S.A.)

28, Ramdhon Mitter Lane, CALCUTTA.

Contributors to this Issue.

1. DR. A. LAKSHMIPATHI, B.A., M.B., C.M., Enishagratna,
43, Harris Road, Mount Road, Madras.
2. VAIDYA B. V. DEGWEKAR, M.A., M.Sc., LL.B.,
Desai Chikitsalaya, Gole Bazar, Jubbulpore
3. VAIDYARATNA PT. M. DURAISWAMI AIYENGAR, A. K. A. C.
Ayurvedabhushana, Ayurvedacharya, Aryagriham, Vepery,
Madras.
4. DR. P. T. JAGANNADHA RAO, L.I.M., Tirupati.
5. VAIDYA GURUDUTTA, M.Sc., Vaidyabhaskar,
90/23, Connaught Circus, New Delhi.
6. DR. C. B. HANUMANTHA RAO, B.Sc., L.I.M., Dharapuram,
Dt. Coimbatore.
7. AYURVEDAVIDWAN VINAYAKRAO BAPAT, L.A.M.S. (Mysore),
Harshikatta, P.O. Siddapur, Dt. N. Kanara.

In the Next Issue.

- Ayurveda—The science of life—A. Lakshmiopathi.
The Ayurvedic interpretation of medicine—Dharma Dutta.
The Science and art of Indian Medicine—Srinivansmurty.
Ayurveda made easy—Guru Dutta.
The Problem of Clinical Research—C. B. Hanumantha Rao.
Typhoid—M. Nindralal Das Gupta.
Classification of Ayurvedic Medicines—Kulkarni.
Is Ayurveda?—Narayan Rao.
Tridosh Theory in Ayurveda—B. V. Degwekar.

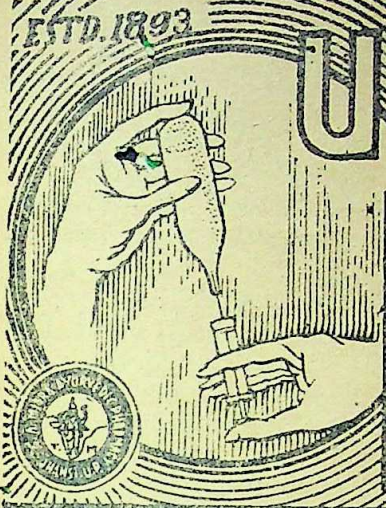
ESTD. 1893

TELEGRAMS - INJECTION

USE MISRA

AYURVEDIC INJECTIONS
— & —
REGAIN YOUR LOST HEALTH
in
THE LEAST TIME & MONEY

ASK FOR PARTICULARS **G. MISRA** AYURVEDIC PHARMACY
JHANSI U.P.



TRADITIONAL REMEDIES OF INDIA

DIABALIEN

For Diabetes, Glyco-suria and allied ailments.

Approved by the Medical Profession.
All particulars are supplied to Medical Practitioners without obligation.
Sole Distributors: **BUYER'S BUREAU**
228, Vithalbhai Patel Rd., Bombay 4

Arvind Ayurvedic Injections
are

SUPREME

Renowned for the purity and potency all over India and abroad.

Available at all good medical stores or direct from the manufacturers.
Catalogue supplied free.

Arivand Chemical Works,
Manufacturing Chemists,
Chindwara (C.P.), India.

For Genuine & Standardised

Ayurvedic Medicines

Please refer

MAJUMDAR LABORATORIES

90/8, Connaught Circus,
DELHI.

Apply for Agency & Sole-Agency.

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" recontinue period within three days. Price with guarantee letter: Rs. 5/8/. Postage extra. Literature on request:

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay.

MAJUMDAR CHYAVANAPRAS (Rejuvenator)

It is well known how Rishi (sage) Chyavan regained his lost vitality, health, strength and vigour by the use of this medicine, its ingredients are so prudently adopted that although its invention goes back to thousands of years, it tops the list of medicines used as tonic.

Composition:—Majumdar Chyavanapras is made with *Phyllanthus emblica*, *Dashmool*, Root of *Sida cordifolia*, *Phaseolus trilobus*, *Glycine debilis*. The fruit of *Piper betula*, *Tribulus lanuginosus*, *Phyllanthus niruri*, *Grapes*, *Aplotaxis auriculata*, *Aguilaria Aqallocha*, *Chabulic myrobalans*, *Tinospora cordifolia*, *Ashtawarga* (which are rare and most valuable drugs usually omitted by most firms partly from ignorance of these essential drugs and the difficulty of getting them and partly to make the preparation cheap), *Curcuma zerumbet*. The Tubers of *Cyperus rotundus*, *Punarnava*, *Elettaria Cardamomum*, *Nymphaea stellata*, Red sandal wood, *Convolvulus paniculatus*, Roots of *Basaka*, *Ghee*, *Sugar Candy*, *Sesame Oil*, *Bambumanna*, *Cinnamomum zeylanicum*, *Cinnamomum Tamala*, *Cardomoms*, *Flowers of Mesua Ferra*, *Reduced Mica-Iron-tin* etc, etc.,

Action:—Aromatic, Anticatatarrhal, Aphrodisiac, Antholmi-
ntic, Blood purifier, Carminative, Cholagogue, Digestive,
Demulcent, Diuretic, Deobstruent, Diaphoretic, Detergent,
Emmenagogue, Emollient, Febrifuge, Expectorant, Hepatic,
Haemostatic, Hypnotic, Lactagogue, Nutritive, Nervine sedative,
Pectoral, Refrigerant, Rubefacient, Restorative, Stomachic,
Sedative, Alleviative of Semen, Blood and Strength, Stimulant
for metabolic activity of tissue cells.

Indications:—Majumdar Chyavanapras cures permanently
and absolutely consumption, Asthma, Bronchitis, Laryngitis,
Hoarseness of voice, Phthisis, All conditions of debility, the
faults of semen. It enhances the power of sexual congress,
restores the winds to its normal course, promotes longevity and
makes a young man of even an old one. It is highly beneficial
to weak and emaciated persons.

It is very rich in vitamin A.B.C.D.E. & G. and hundred
times more effective and million times more palatable than the
preparation of Codliver oil etc. etc.

DIRECTION:

For Adults—One teaspoonful to one tablespoonful with
milk or honey.

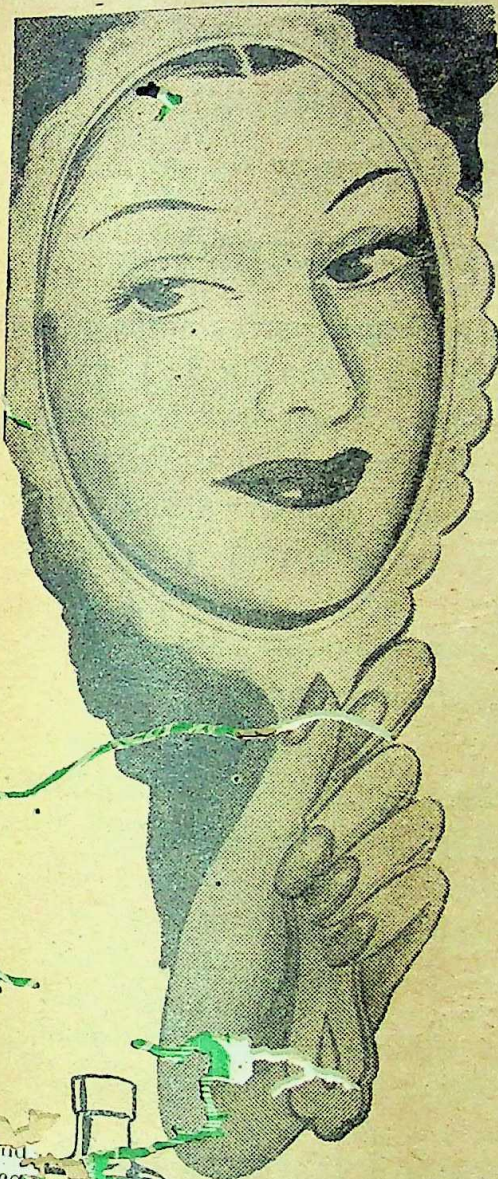
For children— $\frac{1}{2}$ to one teaspoonful twice daily as the phy-
sician directs.

N.B.—It will not be very effective to persons having very poor
digestion.

PACKING:

Bottle of 8 ozs.....Rs. 2/8/-

Majumdar Laboratories, NEW DELHI.



GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
Your Blood

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—**SAFI**. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction. It can be taken by the oldest man to the youngest baby.



SAFI

Hamdard

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA AND AS A
GENERAL TONIC.

HAMDARD

DAWAKHANA

LABORATORIES,

DELHI

२७ वर्ष से निकलने वाले आयुर्वेदीय पत्र

‘अनुभूत योगमाला’ मासिक का

कौतूहल पूर्ण विशेषाङ्क

वैद्य बांधव (केशव-कल्याण)

२०० वर्ष का प्राचीन ग्रंथ है। यह केशवदास तनय नयनसुख विरचित समस्त रोगों पर जादू असर दवाइयों के संग्रह से ओत-प्रोत है। मूल्य २) मात्र है। ‘अनुभूत योगमाला’ के सन १९४६ के ग्राहक बनने पर यह अनुपम विशेषाङ्क मुफ्त भेंट किया जाता है। वार्षिक चन्दा ४) है। यह विशेषाङ्क वैद्या एवं गृहस्थों के अवश्य मनन करने योग्य है। अतः आज ही कार्ड लिखकर पत्र के ग्राहक होकर विशेषाङ्क पाने के अधिकारी बनिये। नमूना मुफ्त भेगाइये।

मिलने का स्थान—

‘अनुभूत योगमाला’ कार्यालय,

बरालकापुर—इटावा।

For Effective Treatment

Use Ayurvedic Tinctures for All Ailments

Our Specifics are manufactured strictly in accordance with Shastric formulæ. They are highly concentrated and preservable for any length of time without deterioration thereby facilitating easy and quick dispensing.

For catalogue and other particulars apply to :-

**The Ayurvedic Compound Tinctures Limited,
ALLEPPEY (Travancore).**

H. MALAYAN COCOTONE

An ideal food Beverage for all

*Containing Highly concentrated malt extract,
milk, eggs and cocoa*

Rich in vitamins A, B, C, D with added calcium

Price Rs. 2/2/- for medium size

Product of SOLAN FOOD PRODUCTS Ltd.

Can be had from :-

Majumdar Laboratories,

90/8 Connaught Circus, NEW DELHI.

- Telephones

Regd. No. D 320

IN THE FIELD OF VITAMINS

Alembic

ALEMBIC has contributed a long range of important preparations—reliable, accurate and potent. They are scientifically manufactured, precisely standardized and carefully assayed.

BERVITEX

(Vitamin B₁)

Tablets & Injection.

BIVINAL

(Vit. B Complex)

Capsules & Elixir.

CIVINAL

(Vitamin C)

Tablets & Injection.

DIVINAL

(Vitamin D)

Tablets.

KIVINAL

(Vitamin K)

Injection.

NICONIN

(Niacinamide)

Tablets & Injection.

ALEMBIC CHEMICAL WORKS CO. LTD., BAROD

THE JOURNAL OF Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

Vcl. 1 No. 6

New Delhi

June 1

CONTENTS

Editorial	...	1
Articles :—		
Naluka—The Ayurvedic Anti-phlogistine.		
—Rabindra Ch. Chowdhury		3
The Ayurvedic Interpretation of Med.		
—Dharam Dutta		6
Smoking (Dhumapana).		
—P. T. Jagannadha Rao		9
The Problem of Clinical Research.		
—C. B. Hanumantha Rau		14
A Comparative Study on Plague.		
—T. L. Kanta Rao		19
B.C.G.—As an Ayurvedist views it		
—K. Raghavan		25
Case Reports:—		
Irregular Menstruation.		
—Vinayakarao Bapat		29
Notes & News	...	32
Correspondence	...	35

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO, H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAO, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrititirtha, Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

जोवेम शरदः शतम् (शुक्ल यजुर्वेद ३६१४)

मृत्योर्मांस्मृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

June, 1949

No. 6

EDITORIAL.

We are publishing elsewhere in this issue a letter from Dr. K. V. Chintamani L. A. M. S. (Mysore) who is practising at Gadag in the Bombay Presidency relating to the difficulties experienced by the practitioners of Indian Medicine of that Province who have qualified themselves in the Government Ayurvedic & Unani College, Mysore one to the non-recognition and registration of their qualification by the Board of Indian Medicine, in that Province. The Government Ayurvedic College at Mysore is perhaps one of the oldest teaching institutions of its kind in India. With it is associated the mellowed name of late lamented Vaidyaratna Pt. D. Gopalacharlu who was himself a product of this institution. Many eminent Vaidyas, have in the past, qualified through it. This was one of the few Institutions to be started by a Government long before the Governments of the adjoining Provinces ever dreamt of starting one of their own. It provides for a four years training in Ayurveda and Unani Systems supplemented with a good working knowledge of Modern Medicine also. This College has been attracting many students from the neighboring Provinces of Madras and Bombay. We may add here that this College is one among those to be up-graded according to the recommendations of the Chopra Committee.

The difficulties that confront the Diplomates of this College who are denied the privilege of Registration by the Bombay Board of Indian Medicine is very real and deserves sympathetic consideration. If, as Dr. Chintamani points out, even a lay man who has no pretension to knowledge of Ayurveda can manage to get himself registered

under the Provisions of the Bombay Act, a pertinent question may be asked as to why those who have qualified in a well equipped and run Governmental institution should be denied this privilege?

A similar situation obtained at Madras upto a year ago which was promptly remedied when the attention of the authorities and the Central Board of Indian Medicine was invited to the anomaly involved in an invidious distinction made between practitioners qualified from different Governmental training centres, leave alone the good many learned Vaidyas to whom registration is altogether a closed chapter. It is understood that the difficulties standing in the way of the Bombay Board recognizing Mysore Diploma relate to procedure and rules as laid down by the Registration Act of 1938. It is true that definite procedures and rules should be employed to regulate recognition and registration. But these should not stand in the way of the Bombay Board for according at least a temporary recognition to the Mysore Diploma pending the fulfilment of the necessary formalities. This should not be difficult in view of the fact the Mysore institution is run under auspices of a Government and not by a private agency. Placing restrictions even on qualified practitioners will limit their usefulness to the public particularly at a time when the country is facing an appalling lack of trained medical personnel to render medical relief to the masses. This will mean a sad reflection on the Governments concerned.

At this point we would remind those who are in charge of Medical administration in the Province of Bombay of the recommendations of the Chopra Committee in favour of enforcing compulsory registration of all Vaidyas and Hakims—both the qualified and unqualified and the creation of an All-India Register for the purpose. While we fully trust that the Government of Bombay will concede the privilege of registration to the practitioners of Indian Medicine who have qualified in the Mysore College, we urge the Central Government to take up for active consideration and implementation the recommendations of the Chopra Committee relating to the State Control of Medical Practice in as far as it relates to Indian Medicine.

Naluka—The Ayurvedic Anti-phlogistine

By Kaviraj RABINDRA CH. CHOWDHURY, B.A., Kavyatirtha, L.A.M.S.
Vishagratna, Principal, Sanatan Dharma Ayurveda Mahavidyalaya,
Tiuranitola, Mirzapur (U. P.).

Naluka, as the drug is now called, is being extensively used in the Ayurvedic hospitals of Calcutta and by the Ayurvedic practitioners in general, though, I am afraid, there is scarcely any reference to it in authoritative Ayurvedic texts. What is called 'Nalika' in the texts for purification of oils, can hardly be identified with Naluka, the drug under my discussion.

It is a vegetable drug, having fine odour like that of cardamom (Daalehini). Generally its bark is put to use for medicinal purposes. I cannot still say correctly where the drug is grown. So far as my information goes, it is probably grown somewhere at the foot of the Himalayas.

For therapeutic use, the drug is made into fine powder. It is generally meant for external application. The powder is mixed with an equal quantity of hot water. This makes the solution something like a mucillaginous substance. The paste ought to be applied to the affected part, hot and should be about one-eighth of an inch thick. Some piece of cloth or cotton should be spread over the paste, to avoid soiling of clothes by it. Care should be taken to see that the paste is neither too solid, nor too liquid, nor that the water is cool. The hot paste generally sticks to the affected part, unless, of course, the part is too dependent. Another point to be noted is that bandages or thick paddings should be avoided over the paste. This prevents early drying up of the poultice. It should be allowed contact with the atmosphere so that it may dry up soon in due course. Otherwise, prolonged moisture of the paste will not have the desired effect on the inflamed part. On the contrary moisture may exacerbate the signs and symptoms of the disease.

In Ayurveda, the application of Naluka can be called a 'Pradeha' according to 'Sushruta' (Sutra, ch. 18/6). If it is interpreted in terms of Sweda or formentation or compress, it can be called 'upanaah-sweda'.

The drug acts a dehydrating agent for the inflamed part and thus relieves congestion. By relieving congestion, it relieves pain too. Its action is rapid as well as effective. Belladonna or similar drugs relieve pain but do not relieve congestion as much as it does.

So its action is superior to that of the former because it is more anti-inflammatory and anodyne.

Naluka is used in cases of inflammation in external parts of the body. It is more applicable in those cases where the inflammation arises out of the disorder of the three humours, 'Vayu', 'Pitta' and 'Kapha' (that is, in case of (Nija Vrana Shotha)) than in those due to traumatic causes. Thus its use is more pronounced in inflammation due to the disorders of 'Vayu' and 'Sleshma' than in that of 'Pitta'. Parts exposed to rough use, are best adaptable to its use. Soft parts do not bear its use well. This is on account of the irritant nature of the drug. Sometimes it produces a little irritation on the part on which it is applied. This irritation is manifested in the form of small, red papules or vesicles or a little reddening. It is advisable to apply a little vaseline or some demulcent application where the irritation occurs.

The drug has been successfully used in surgical cases as well as in medical cases. Any boil or abscess affords a good site for its use. The abscess or the boil, in its unripe stage or (Aamaabastha), may be covered over with a thick paste of the drug. The drug may help the abscess to be absorbed; if the abscess is not such as to be absorbed the drug will hasten the localisation of the pus. If the abscess shows any pus-point in the centre, it is advisable to avoid applying the paste or the poultice on the central area. Because the poultice as applied on the periphery and avoiding the centre, tends to centralise the pus and to give out an opening in the centre. But if it is applied all over, the centralisation of the pus is retarded. The paste should be allowed to remain over the part for twelve hours. It is then quite dried up. Continuing the same paste for more than twelve hours, does not do more good.

In superficial and small abscesses, Naluka alone may absorb or localise the pus. In deep abscesses, moist fomentation coupled with the application of Naluka effects great good. The drugs for internal use as; Rambana, Laxmibilas, Panchakol Kwaatha, Amritaadi Kwaatha help in the action of Naluka.

In traumatic inflammations, it is wise to watch its use. If the patient shows signs of intolerance, it is desirable to discontinue it. If the traumatic inflammation is accompanied with ulceration, the drug should better not be used.

In buboes, it is much efficacious before it bursts. Ordinary Adenitis may subside on application of Naluka. Orchitis may be

relieved but one should see whether there is any intolerance of the drug, as is evidenced by the appearance of vesicles. In Parotitis or Mumps, Naluka is highly efficacious and even alone may cure the disease. In dry Pleurisy, the application of the drug has been followed by immediate alleviation of pain. So much good results can scarcely be claimed by anti-phlogistine.

In Whitlow or 'Chippa' the pain is so intense that sometimes, all applications are resented. There the drug may be applied and its effect watched. If the patient tolerates it, it may, on use, mitigate inflammation, localise pus and relieve pain. If the patient does not tolerate the drug, it may be allowed to remain over the affected part for about two or three hours and then removed, fomentation given and then Naluka applied. The alternate application of the drug may be tried and prove helpful. In post-operative treatment of big abscesses, I have seen Dr. D. P. Ghosh use Naluka over the peripheral areas of the abscess, that is, avoiding the ulcerated area, in the Ashtanga Ayurveda Hospital, Calcutta. This hastens the healing up of the ulcer. In aseptic operations, stitch-abscesses are dressed with Naluka-poultice, accompanied with proper antiseptic care. There also Naluka proves much helpful in lessening the congestion of the wound.

Apart from septic cases, Naluka does great good also in non-septic inflammatory cases. In Arthritis, be it Rheumatic, Gonorrhoeal or traumatic, Naluka can be administered with good results. In these cases, it ought to be supplemented with internal medicines and fomentations too.

In deep-seated inflammations, such as Appendicitis, Salpingitis or Pelvic Abscess, it has been found to be of great service. There the poultice or the 'Lepa' should be a little thicker than as elsewhere.

It cannot be given on each and every swelling. The swelling must be due to inflammation. Swelling due to Erysipelas should be avoided. Soft and sensitive parts should be watched carefully, if Naluka is applied thereon.

- Summary :—(1) It is a great Ayurvedic anti-inflammatory drug.
- (2) It is to be used on inflammatory swellings only.
- (3) Some patients and soft parts of the body do not tolerate it well.

The Ayurvedic Interpretation of Medicine

By Kaviraj DHARMA DUTTA, *Sidhant-Alankar, Ayurveda Bhushan,*
formerly Principal, Gurukul Ayurvedic College, Kangri,
Kankhal.

(Continued from last issue)

THE CAUSES OF THE DISORDER OF 'VAYU' OR 'VAATA PRAKOP'

"What is that sustains life", asked the desciple. "It is food that sustains it", was the reply.

"Pranasya ka gati Riti Aannamiti hovach. chh." In fact food particularly those articles of food which possess the elements of earth and water in excess contribute to the maintenance and growth of vital activity. Such substances are generally sweet to taste, hence all sweet nourishing food help in the preservation of 'Vayu'. In the same way all other factors which increase the elements of earth and water in the body, as those of physical rest, sleep, mental peace etc., help to preseve life. Contrary to this the intake of the articles of food which are poor in respect of these two elements and consequently are not nourishing and are bitter, pungent or astringent to taste, results in the reduction of this energy and consequently degeneration takes place in the tissues.

In addition to these foods of poor quality the excessive or continuous application of cold also has an adverse effect on the energy. Hence people inhabiting dry and hot region possess on an average more energy (vitality) than those living in wet and cold countries. In this connection it may be worth while to remember that foods and drinks of hot quality stimulate this energy while all cooling foods and drinks reduce it.

Besides, this innate energy of the body is reduced by all debilitating factors such as excessive purgation, vomiting, perspiration, douching, walking, physical exercise, bleeding, venery, studying, over work, and want of sleep, etc.

In the same way severe physical injuries as well as shocks caused by such factors as the loss of property, or by the bereavement of dear and near ones or by the failure in worldly affairs and love matters tend to weaken the vitality. Hence mental abnormalities are rife among neurotics or psychotics.

Age is great factor in determining the sufficiency or otherwise of this energy. It declines as the age advances so much so that the

THE AYURVEDIC INTERPRETATION OF MEDICINE

7

advanced age becomes a great etiological factor in the causation of the disorder of 'Vayu'. Perhaps it is the decrease in this energy that initiates decay and brings about old age. Hence premature old age can be prevented if measures to preserve vitality are adopted.

It is true that out of six seasons of the year it is during the summer that this energy naturally gets exhausted. But when the rainy season sets in and cold and humid winds begin to blow the energy gets weakened still more. Hence the diseases caused by the derangement of 'Vayu' are common in the rainy season.

In the day to day life of a man, it is in the later part of the day, after day's labour that his Vital energy reaches its lowest point. At this time infirmities become more manifest. But the relaxation and rest provided by sleep at night recoup the loss. Again it is in the small hours of the night when considerable time is taken up by the last meal and at the setting of the sun which is the source of all energy, that man's vitality again becomes very low. The diseases caused by the loss of this energy and even deaths occur more commonly during these hours.

Some people are constitutionally weak and wanting in this energy from their birth and hence are described as having the temperament of 'Vayu' or they are called neurotics. They are not adequately equipped to resist physical or mental shocks, worries, anxieties, cold, heat, diseases and the like. They are much more pre-disposed to the diseases caused by the derangement of 'Vayu'.

The greatest factor that robs the body of its vitality is poison. Those who get addicted to alcohol, opium, tobacco, dhatura, and other narcotic drugs lose their vitality prematurely and become victims of degenerative changes. Such bacterial poisons as those of chronic syphilis, chronic dysentery, chronic malaria, chronic inflammation or suppuration not only undermine this energy but in addition to it sometimes precipitate a serious disorder of 'Vayu' in the most susceptible part of the body.

Those who are deficient in the innate energy of the body, are naturally predisposed to indigestion, constipation, and defective metabolism with the result that they are likely to accumulate the mal-products in their blood. These substances being the result of incomplete digestion are called in Ayurveda as 'Aamas' or metabolites. Thus various acidic substances resulting from starch or fat indigestion causing acidosis or some nitrogenous or histamine like substance resulting from the imperfect digestion of some unaccustomed protein

foods otherwise called 'Aama' get absorbed in to the blood stream. They go along way in lowering the vitality of susceptible part of the body and giving rise to various disorders of 'Vayu'.

In addition, various toxic substances are produced in the alimentary canal as the result of dyspepsia, diarrhoea and constipation. So long as the vitality of the body remains intact, they are got rid of through faeces, urine, sweat, and breath, etc. But with the advancing age when the vitality is naturally on the decline and the excretory organs grow weak they start accumulating in the blood. If the depurating functions of the body as those of purgation, vomiting, douching, snuffing, perspiring, etc., are not regularly attended to according to the injunctions of 'Shashthras' regarding personal hygiene these toxins are apt to play havoc on the arterial walls or nerves or other tender parts of the body and destroy their vitality.

SYMPTOMS OF THE DISORDERS OF VAYU

So long as the 'Vayu' or vital energy of the body remains in its normal state, simple infections or slight accumulation of the 'Doshas' remains ineffective and thus a very large part of humanity escapes unhurt by the ravages of disease and epidemics.

On the other hand, when the innate energy of 'Vayu' grows very weak (Heenavayu) one becomes an easy prey to the poisons, both bacterial and metabolic. Mostly it is not the virulence or largeness of the quantity of the toxin that leads to disease and death, but it is the loss of vitality that makes one susceptible to their adverse effect. According to Ayurvedic conception in bringing about different paralytic troubles, foot-drop, wrist-drop, etc., it is the loss of extreme weakness of the fundamental energy that plays a more important part than the concomitant poisons generally believed to be the causative factors. Much more emphasis is laid in Ayurveda on the means of preservation of 'Vayu' than on the avoidance of toxins and bacteria.

Regarding the etiology of disorders of 'Vayu' or 'Vayu Rogas' I shall discuss in my next article.

SMOKING (DHUMAPANA)

P. T. JAGANNADHA RAO. L.I.M. TIRUPATI

Smoking is a habit in the East even from some centuries before it was introduced in the West. Tobacco, *Nicotiana Tabacum*, is the leaf which is commonly used for the purpose of smoking by a majority of the population. This leaf is called in Sanskrit 'Thamrakuta or Dhumraparni' and in Hindi 'Thamakh'. Its main ingredient is Nicotine, which is a colourless, volatile, oily alkaloid. Pyridine bases are also present in a minute proportion. The smoke also contains this poisonous nicotine content before it is used in the manufacture of cigarettes. It is blended with fumigatory perfumes for the use of gudaks and hukka, in which the smoke passes through water and a portion of nicotine is thereby eliminated. Smoke inhaled directly from a cigar is toxic and that inhaled through water from a hukka is tonic. A combination of certain drugs with or without tobacco is used with a pipe called Dhuma Nadi for therapeutic purposes in Ayurveda and the subject is dealt with separately in the texts.

ACTION IN MODERATION

"Dhumopayogath purushah prasannendriyavangmrnah dridhakesa
dwija smasru-ssugandhavadano bhaveth."

—Sharngadhara-Ch. 9 Part II

"Kasah swasah peenaso viswarathwam puthirgandbah pandutha
kesadoshah karnasyakshisrava kandwarthi jadyam thandra
hidma dhumapam na sprisanthi."

—Vagbhata-Suthra-Ch. 21-Verse 22.

'Smoking affords pleasure to the sensory organs, speech, and mind. It tones the hair follicles and teeth. It gives a pleasing odour to the mouth. Cough, bronchial spasm, nasal polypi, faulty speech, bad oral odour, pallor of the face, defective hair growth, catarrh of the eye, ear and throat with the associated symptoms and dispiritedness are warded off by smoking.'

"Dhumascha dwadasadvarshad grihyathe seethikannacha."

—Sharngadhara-Ch. 9 Part II

'Smoking is allowed between the ages of 12 and 80 only. Juvenile and senile smoking is forbidden.'

EXPLANATION

"With many people smoking has an obscure effect, especially among those who lead sedentary lives, in stimulating the brain and producing a peaceable, calm state of mind,"

—Hale-White.

"In fact, for many, smoking not only affords pleasure but aids in promoting emotional stability." —Jama: 135: 7-page 487.

Sympathetic stimulation causes a redistribution of blood to the vital organs and a sense of pleasure is experienced. The Vagus (pneumogastric nerve), which supplies the organs of voice with motor and sensory fibres, is stimulated, causing an improvement in the voice. The mental pleasure is a reflex symptom.

Sympathetic stimulation excites secretion of the adrenalin and causes erection of the hairs from the contraction of the arrectores pili muscles. Early loss of pigmentation in hair in habitual smokers is rare. It is yet to be confirmed, whether smoking has any effect on baldness. Tobacco, by virtue of its counterirritant property, prevents gingivitis, reflexly affording firmness to teeth. Smoking screens bad oral odour.

Respiratory centre is stimulated. The naso-pharynx and bronchi are freed from the pent up mucus.

Other authors of Ayurveda claim that tobacco smoke cures syphilitic cutaneous affections by fumigation. Constipation is removed by injecting the smoke into the rectum. Aqua Tabacum cures conjunctivities, otitis and arrests the falling of hair. It is also a diuretic. If applied locally leeches adherent to the skin fall off immediately. Tobacco is an antidote to Nux Vomica poisoning.

ACTION IN EXCESS

"Raktha pithha andhya badhirya thrin murchha mada moha krith." —Vagbhata-Suthra-Ch. 21.

'Excessive smoking causes diseases of circulation and digestion, blindness, deafness, thirst, coma (blood-pressure), mental confusion, etc...' RAKTHA indicates circulatory system. "The blood pressure rises enormously from constriction of the vessels, due partly to stimulation of the vaso-motor centre, but also from excitation of the sympathetic ganglion cells, particularly those of the solar plexus."

—Ghosh.

"The effect of smoking cigarettes on the circulation of the lower extremities has been shown to be deleterious in a person who already has a deficient circulation. Cigarettes are especially bad since they are generally inhaled. It has been shown that smoking reduces the amount of blood going to the feet by a considerable amount. Lampson reported some investigations on the effect of smoking on the lower extremities and showed a diminution in the blood flow for several

hours after smoking cigarettes. Maddock and Celler also reported peripheral vasoconstriction after smoking. (Ann. Surg. 98:70, 1933) However, in a patient with a diminished arterial circulation any decrease in the amount of blood flow reaching the extremity, caused even by a slight degree of vasoconstriction, may be sufficient to produce a serious effect. However, Thesis and Freeland (Ann. Surg. 113:411, 1941) reported that smoking in patients with thrombiangitis obliterans caused a greater reduction in the oxygenation of the blood than in the normal person. This observation if true might indicate that it is also deleterious in patients with coronary disease. It would appear that the majority of evidence is that tobacco smoking is harmful for patients with peripheral vascular disease.

— JAMA. Vol. 138. Page 468.

"It is generally agreed that smoking tobacco causes an increase in blood pressure and heart rate, and constriction of the peripheral vessels. blood Roth. G. M. : The Effect of Smoking Tobacco on the Cardio Vascular System: Med. Concepts Caediovos. Dis., April 1945. Vol. 14. No. 4: May 1945, Vol. 14. No 5.) The only determination of cardiac output after smoking were made by Grollman, using the Acetylene method. In five normal persons he found no increase except in a habitual pipe smoker, who puffed vigorously on three cigars in rapid succession. (Grollman. A. The Cardiac Output of man in Health and Disease. Springfield. Ill. Page 159). Changes in the form of the electro-cardiogram have been noted repeatedly and usually have been slight, consisting chiefly of lowering in the amplitude of the T waves. (Evans. W. F. and Stewart. H. J. : The Effect of smoking Cigarettes on the Peripheral Blood flow : Am. Heart Journal. Vol. 26. No. 78). In one healthy young man who complained of dozziness on smoking cigarettes, Graybiel, Starr and White observed transient inversion of the T wave in lead 2. (Graybiel. A., Starr. R. S. and White. P. D. : Electro-cardio graphic Changes Following the Inhalation of Tobacco Smoke: Am. Heart Journal. Vol. 15:89 Jan. 1938). Wilson and Johnston reported two patients with coronary heart disease in whom smoking a cigarette induced anginal pain and produced displacement of the RS-T segments resembling that seen immediately following infarction of the heart. (Wilson. F. N., and Johnston. F. D. : The occurrence in Angina Pectoris of Electrocardiographic Changes Similar in Magnitude and in Kind to Those Produced by Myocardial Infarction. Tr. A. Am. Physicians: 54-210: '39) Haag demonstrated in animals that the rise in blood pressure and vasoconstriction caused by the intravenous

injection of solutions of tobacco smoke were proportional to their nicotine content (Haag. H.'B. : The Physiologic Activity of Cigarette Smoke Solutions as Related to their Nicotine Content. J. Lab & Clin. Med.: 25: 610 March 1940.) Anginal attacks have been ascribed to smoking and the term 'tobacco angina' has occasionally been applied to such cases. Osler, in his lectures on 'Angina Pectoris and Allied States' mentions only two instances; Allbutt cites three. Others have reported occasional cases. The incidence of coronary sclerosis in young persons is higher in smokers than in non-smokers. The nervous person who smokes heavily is of the constitutional type in which circulatory disease is prone to develop. Smoking should be forbidden in certain specific conditions such as congestive heart failure, the acute stages of cardiac infarction and active rheumatic carditis."

—Ref: JAMA. Vol. 135. No. 7. Page 417.

Excessive smoking causes extrasystole. "The extrasystole itself gives rise to a sensation of the heart 'turning over' or 'the heart rises into the throat'. There may be a vague chest sensation and a feeling that the heart has missed a beat altogether, or consciousness of a pause followed by a big thump in the chest. Extrasystoles are more noticeable on first going to bed at night, the patient mentioning that he is unable to lie on his left side. Indeed, extrasystoles are always most troublesome at rest because they are more prone to occur when the heart rate is slow." BEMP. 2: The author observed that extrasystoles are very common at bedtime on a full stomach, on an inspiration, on an exposure to cold, on a fat deficient food and waking up late in nights.

PITHHA indicates the digestive system with liver, pancreas etc. "Excessive use of tobacco causes hyperchlorhydria, possibly by inducing pylorospasm as well as by acting as a gastric secretory stimulant." —BEMP : 7. "Tobacco smoking is generally regarded as harmful in ulcer patients; tobacco smoking can be atmost an associated aetiological factor." —BEMP : 9. "Kochler and his associates studied the effect of cigarette smoking on the flow of digestive secretions. The excessive smokers who are under-weight all manifested a certain indifference to foods frequently bordering on a mild anorexia. Cessation of smoking definitely improved the appetite in this group, and it is believed that improved appetite and increased foodintake were the main causes of weight gain."

—JAMA. Vol. 134-Page 558.

ANDHYA is amblyopia. "Tobacco amblyopia affects men between 35 and 55 years of age who are pipe smokers or who chew shag

or mixtures. Tobacco dust in factories and snuff taking sometimes cause this disorder. Twenty or more years of hard smoking elapse before the onset of symptoms. Alcoholics and diabetics are more liable to be affected. Dimness of vision is complained of. The fundus is normal in appearance. Central vision is seriously impaired. A central or paracentral scotoma for red and green, oval in shape, is situated between the macula and the fixation spot. The scotoma may be absolute in some cases. The papillo-macular bundle of nerve fibres is chiefly affected. It is probable that the more volatile decomposition products of nicotine, e.g. the pyridine bases collidine and lutidine, damage the ganglion cells of the fovea and macular region. Treatment consists in total abstinence from tobacco and alcohol. Recovery takes place in several weeks in the majority of cases. Tonics containing strychnine, copious draughts of water and exercise are efficacious. Potassium iodide is also recommended. —BEMP : 2.

"Tobacco amblyopia is still reported as a clinical entity. It is characterised by a gradual or occasionally sudden loss of visual acuity particularly in the central field of vision, most particularly for coloured objects, usually bilateral. It may progress to the point of total blindness but usually improves as soon as the tobacco is stopped. If smoking can be reduced or discontinued, the prognosis is very good, but recurrences may be noted when tobacco is used again or in larger amounts. (Carrell. F. D. in Arch. Opth. 14: 421 1935—Herrell. W. E. and Cusick. P. L. in Proc. Staff Meet. Mayo Clin. 13: 273, 1938).

—Ref: JAMA. Vol. 135. Page 880.

BAADHIRYA is deafness. Nicotine paralyses the superior cervical ganglion. Post-ganglionic stimulation causes blanching of the ear, the preganglionic having no effect. Complete deafness as a result of smoking is unconfirmed. THRIT (N) is thirst or polydipsia. This is a reflex symptom of dyspepsia and gastritis caused by smoking. It is also due to the temporary glycosuria caused by the stimulation of the adrenalin by nicotine.

*MURCHHA is coma. Large doses of nicotine depress the higher faculties, which become comatose.

MADA & MOHA are defects of the mind. (In the view of certain authors it is blood pressure.) "The alkaloid nicotine occurring in tobacco is a poison. Its toxic symptoms are mental confusion, muscular weakness, giddiness and restlessness." —BEMP: 12.

CONTRAINDICATIONS

'Haemorrhagic conditions, diarrhoea, ascites, spleen and liver enlargements, diabetes, cataract, flatulence, polyuria, a meal with dishes of fish, alcohol, curds, milk, honey, fats and toxic drugs, diseases of the head, anaemia sleeplessness, fear, anxiety, exhaustion, thirst, neuritis, pregnancy, emaciation, juvenility and senility.'

—Vagbhata-Suthra-Ch. 21 & Sharangdhara-Ch. 9. Part II.

TREATMENT

Complete abstinence is the best line of prevention and cure. In men with a weak mind moderation is advocated, but realised to be futile. The bad effects of tobacco smoking are cured according to Ayurvedic Texts, by cold draughts, cool syrup, cooled cocanut water, sugarcane juice, grape juice, lemonade, pure cow's milk and ghee. These have been successfully tried on the gastric and circulatory effects of smoking. Some symptoms are common on the withdrawal of tobacco smoking in some nervous persons. They are tremours and nervousness, resulting from the very consciousness of the withdrawal. Cannon and others have recommended in such cases the use of candy to raise the blood sugar, to compensate the lack of habitual adrenal stimulation from nicotine. (Ref. JAMA. Vol. 138. Page 1008.)

The Problem of Clinical Research

By : C.B. HANUMANTHA RAU, B.Sc. L.I.M.

DHARAMPURA COIMBATORE.

(continued from last issue)

In this connection I would like to mention two of the most important clinical methods of diagnosis available in Indian Medicine which if properly brought to light will open new vistas for research in the background of modern science. The interpretation of pulse and the urine test are the two. Pulse or Naadi has been practised from very early times and unfortunately nowadays even laymen pretend to give out the nature of Naadi. Sri Gananath Sen says, "The so-called mystic art of diagnosing all diseases by feeling the pulse alone which is over-extolled by the layman and the physician alike has not been even mentioned by the great Rishis and Acharyas of old, viz, Charaka, Susruta, Bagbhatta and Chakrapani. There can be no doubt that this cult came much later. It is a mysticism

invented probably to cover the ignorance of the half educated Vaidyas of the last few centuries who neglected or forgot the use of the senses. Whilst fully admitting that the pulse is capable of giving very important clues to diagnosis, I do not hesitate to condemn the superstition that the pulse can give all informations. The credulous public therefore should be dis-illutioned as early as possible. Let us be candid and honest and learn what we do not know rather than "smile and look wise.....In practice pulse should never be ignored but the pretensions of the pulse teller should always be avoided." If Charaka samhita and other similar texts now in the form available do not contain any description on pulse it does not mean that the Science and art of Pulse was never known to Vedic period. As most valuable portions of Charaka and Susruta samhitas of Vedic age have been lost, it is quite possible that they might have contained all about the pulse. But in Siddha System of Indian Medicine prevalent from very early times in South India, there is a vast literature on the subject dating back to dim past. The first step in this direction of research will be to collect and collate all available data from both in print and from the secret treasures of old hereditary practitioners in South India. Then study of the Science and art of pulse must be done with the help of good pandits. Unfortunately there are not many able men capable of correct interpretation and the few that are living in remote villages will keep the art a secret. And with their death it will be lost irrecoverably.

So the best thing will be to approach such pandits and induce them to accept us as 'sishyas' and then learn the art in the proper way. Initiation as in any other art by a competent guru is absolutely necessary and all efforts to learn this will not be futile. There are youngsters professing to know the science by quoting passages after passages from memory on the art. But mere verbal oratory with gramophonic recitation of original Sutras will never help any body. So after a careful study of the nature of pulse, the systematic application of the knowledge to correlate them with the findings from modern methods and appliances can be attempted with benefit.

Similarly, the Urine tests form another fascinating study. The Siddha System gives a comprehensive scheme. In this, a particular type of test with the help of a drop of sesamum oil, is more interesting. The shapes and the nature of movements assumed by an oil drop on the surface of a sample of urine are beautifully described. The

trained eye will at once see the scientific relation between the movements of the drop and the stage and condition of the patient whose urine is the subject of study. It will interest the reader to know that an attempt was made in the year 1941 by the Academy of Indian Medicine, Madras, for a systematic investigation of urine according to Indian and Western systems of medicine to assess diagnosis and prognosis of diseases. The drama of the oil drop was photographed with the help of cine-films to visualise from the moment it was dropped on the still surface of a sample of urine till it disappeared from sight. Only a preliminary work could be done during those years of war as raw films could not be got in the market and further work could not be continued due to difficulties of those days. But even with the amount of work carried out, one can see for certain, the scientific relation between the movements of oil drop as per description from the text on the one hand and the nature and stage of the patient on the other. This I venture to suggest is a very useful field for research. One piously hopes that The Academy of Indian Medicine will once again begin continuing the systematic investigation from where they left then.

The next item for consideration is diet control or Pathyam. It is a well known fact in everyday practice that most of the small ailments get corrected by suitable adjustments in diet. And it is equally true to say that many of the very powerful remedies fail miserably by lax in diet. The tendency for the patients in general is to neglect regulations in diet even if they get a little better in their health. The western methods do not attach so much sanctity to diet as Indian Medicine, excepting in certain limited number of diseases. Here strict control over the diet has been prescribed not only for persons suffering from sickness but also for all people during changes in seasons. The conception of Guna in food is extremely superb and its relation to Dhoshas, is some thing for which there is no parallel in any of the systems of the world. The relation between the Shad Rasas and the Dhoshas, the Virya, Vipaka and Prbhava properties of substances and assessing the values of substances newly discovered in the light of above classification are all well worth investigation. The modern conception of balanced and ill-balanced diet is more a matter of theoretical and superficial classification trying to reduce the subtle psycho-physiological actions of human beings to the level of laboratory calculation. The result of this method is that while some people are benefited to a certain extent others get very meagre or

unsuitable share though of course their total amount of calories remain constant. Hence the application of the methods of classification of food according to Indian system will add more comprehensiveness and fullness so that a 'sumptuous' and a 'square' meal containing all factors necessary for the well-being of all people can be worked out and thereby malnutrition and victimisation as an easy prey to all fell diseases can as far as possible be put an end to. I commend the great line from the Chandhogya Upanishat for the benefit of the reader in this connection :

"Ahara Suddhou Satwa Suddhihi, Satwa Suddhau Dhruva Smritihi".

The purity of food determines the purity of physical constitution and this determines the purity of wisdom. So, for clean and healthy living there requires in addition to other factors, *Hita-aharam*. And all methods in public health and prevention of diseases without adequate provision for research in food will fall very short in practice.

In the same strain Vagbhatta says,

"Nityam Hitahara Vihara Sevi, Samikshyakaree Vishayesh-vasaktaha, Dhata Samaha Satyaparaha Kshamavan Aptoyasevi cha Bhavatya Aroghaha".

Conclusion :—

Thus we find that there are enough material for the problem of Clinical Research. For obvious reasons there should be a team of very enthusiastic workers collecting all data and classifying them in the several groups mentioned above so that a standardised method embodying both Indian and Western ideas may be evolved. This will surely lead to correct approach to diseases and appropriate treatment for very large number of cases bringing down considerably doubts in prognosis to the barest minimum. The all important aspect of medicine, *viz.*, prevention of diseases will become a very easy task in most of the cases. The results again will help in the direction of increasing the general well-being of all our countrymen and thereby increasing social happiness throughout the country. Thus we can vindicate the meaning of the word Ayurveda 'the Science of healthy living'.

The problem of Clinical Research is vast. It is a comprehensive field bringing within its focus many aspects requiring systematic and elaborate investigation. The harmonious relation of all problems to one another is based upon the solid foundations of Thridosha theory. After all the subject of investigation is a human being. He is healthy

because his living is based on certain well defined principles working into a state of normal equilibrium. The same man gets a sickness because there is a change in the factors which have disturbed the normal equilibrium. If those factors which have got changed are made to go back to their original places the normal equilibrium is restored once more and the man recovers from the illness.

“Roghastu Dhoshvaishamyam Dhoshsamyā Aroghata” Vagbhata. Thus all aspects of a human being have been unified into an integrated whole by the evolution of fundamental principles which cannot be changed under any circumstances and which have incidentally become simple to understand and apply. These have the greatest importance in their application to a wide area and any attempt at understanding of the man and his activities will not be complete without a proper understanding of the principles.

In the foregoing pages I have only indicated in a very brief manner neither claiming originality, nor exhaustive survey of the field of Clinical research and request the interested reader to join hands with me in the cause of service to humanity lest I should plod alone in a remote corner ‘unhonoured, unsung’. I venture to suggest that all efforts in this direction will only place the National system of Medicine once again as the ideal for all others to copy and follow as of old. Let us not immitate like an ape others but let us with our wonderful instinct to adopt to changing times work upto for evolving a system of medical practice which will not be wanting in this or that aspect but will be a beautiful Whole to serve the cause not only in our own country but in all the countries of the world. There is a great philosophical truth even in the problem of Clinical Research as in all other aspects in Indian Culture. Because we have in our blood saturated ever since the drawn of human creation, a culture which does not keep in watertight compartment philosophy, religion, science and arts. This being so, it is very difficult for us to conceive pure mechanical conceptions quite separate from one another without any relation to humanity. Now by solving the problem of clinical research one serves humanity, service to humanity means service to the Almighty, and service to Almighty means attainment of fullest happiness. May Sri Dhanvantari, the Avatar of Sri Hari help us to achieve this and may He guide us well.

‘Sahanavavatu, Sahanoubhunaktu, Sahaveeryamkaravavahai;
Tejasvina Vadheetamastu, Mavidhvishvahai.’

A Comparative Study on Plague

By Vaidya Bhushan Dr. T. L. KANTA RAO, L.I.M. Pedapalem, Guntur
President : Provincial L. I. M. Association.



It is notorious, what a great havoc is made by this fell disease PLAGUE, all over the world. This fell disease seems to date back to the very olden times and has been variously named as, MAHAAMAARI, JANAPADA VIDHWAMSANI : MARATHA : AGNIROHINI : KSHUDRAROGAM : and TAON in Arabic Litterature.

The word 'PLAGUE' was used by ancient writers for every kind of epidemic disease causing a great mortality. In Hindu system of

medicine the word MAHAAMAARI giving the meaning of 'GREAT—KILLER' is commonly used for every serious type of epidemic disease.

After constant investigations the word PLAGUE has been applied to a specific acute infectious febrile disease, usually attended by swelling of the lymphatic glands in the groin and other parts of the body and also complicated by carbuncles, pneumonia, and often Petechiae.

GENERAL HISTORY.

This type of disease is said to have existed in Syria in 300 B.C. and can be traced in Europe in Emperor Justinian's time in about 544 A.D. It has prevailed in Europe, as late as the seventeenth century, as it seems no less than forty-five epidemics of plague in the 17th, century. It prevailed in 14th Century in China, and other Asiatic countries. It was occasionally epidemic—later on in Egypt prevailed in Arabian and Syrian coasts. It broke out in Copenhagen in 1712, at Marselles in 1720 and at Moscow in 1771. In 1813, it broke out at Malta, and at GOZO. It devastated the ranks of the Russian Army in Bulgeria in 1828-29. It broke out in Hongkong and in many other parts of the world during 1894.

In India plague is said to have broken out in the reign of JALLAUDIN KHILJI in 1391 A.D. During the Mogul period it broke out several times, from the reign AKBAR to the reign of the AURANGAZEEB. It depopulated many big cities in the Deccan

and Central India, Mutamid Khan in his Iqbal-namah-i-Jahangara says, that for 8 years plagues devastated the cities of LAHORE and DELHI. In 1685, during the reign of Aurangzeeb Badusha the disease appeared again. History shows that plague brokeout in the Army of Aurangzeeb, which he lead against SHIVAJI and he was compelled to leave Deccan for that reason. In 1896 A.D. plague was serious in Bombay and throughout the whole of INDIA, and in Bengal in 1896 A.D. Since then it has not totally disappeared from India, particularly in Deccan (NIZAMS DOMINIONS), no year passes without being attacked by this fell disease upto now.

CAUSES AND SYMPTOMS.

One of the most important results obtained during the year 1905 is the establishment, by the English Plague Commission, working in Bombay, of the fact, on definite experimental evidence, that fleas (*P. Cheopis*) actually can transmit plague from rat (*M. Rattus*) to rat. The results of SIMOND (1898) GANTHIER and RAYANAND (1902) are thus completely confirmed. Learned physicians and surgeons, ancient as well modern, have tried all the means at their command to trace the original causes of this great disease. The ancients laid stress on the superhuman causes, the moderns tried to shift the emphasis on the natural. According to the modern theory, it is due to a specific Bacilli called 'BACILLUS-PESTIS'. Some attribute that the plague-bacillus gains entrance into the body through the abraded skin, after gaining entrance through the skin that it passes up the lymphatics and gives rise to swellings of the glands.

The disease may also be said to be due to the visciation of the atmosphere, as naturally every epidemic like Malaria, Cholera will be connected with the atmosphere and plague is considered as the serious of all such epidemics. Also poisonous gases from the earth, dead-bodies in process of decomposition, evil vapours and smokes, soiled water and foods, and rotton mosses do account for the prevalence of the epidemic. The incubation period of plague is from 2 to 5 days. The disease begins with lassitude, weakness, headache, vertigo and shivering, soon followed by febrile reaction. Sometimes in this stage the patient is in a peculiar absent condition with the staggering gait and tremulous speech or he is seiged with indefinite fear and rest-lessness or there may be nausea or diarrhoea. The fever is generally high; the temperature ranging from 102 to 104 degrees, or in the worst cases even 107 degrees. The pulse varies from 100 to 130 beats, per

minute. The tongue is at first moist and white, but later becomes dry and brown and a typhoid condition may supervene with delirium and a comā. There will be sores in the lips and gums falling pulse and cold extremities. The urine will be scanty, acid in reaction, high coloured and contains usually albumine and sometimes suppression may also occur.

Report of the Indian Plague Commission states, typical cases after a period of incubation of from two to seven days begin suddenly with prostration, head-ache, dizziness, and sometimes vomiting and diarrhoea after a few hours, or one or two days a chill develops followed by high fever with noisy delirium passing into coma; on the second to the fourth day buboes most frequently inguinal develop. In non-fatal cases they more frequently suppurate and resolve. There may be carbunculous-boils and petechia; convalescence begins from the sixth day to the tenth day. The signs may be thus summarised as follows :—

The temperature of the body becomes very high though not always; the patient feels much heat in his body; and experiences a great amount of uneasiness, excitement and sometimes unconsciousness; The pulse beats as in pneumonia and the beats are from 100 to 130 per minute. It is full diastolic and afterwards becomes thready. The respiration becomes difficult. The number of respiration varies from 40 to 60 per minute. The mucous-membrane of the whole air passage becomes inflamed. The respiration becomes slow, deep and sighing in character, and sometimes the respiration becomes rattling. In some cases there is slight cough and afterwards the patient feels pressure and pain in the chest. Sometimes the perspiration gets a very foul odour. The urine becomes high-coloured and is generally scanty and contains albumine. In some cases the liver becomes enlarged and the abdomen is distended and there is tympanites (a hollow sound). There is nausea often times and the appetite disappears. There is pain in the upper part of the abdomen. The colour of the vomited matter is yellowish or blackish or sometimes the matter is accompanied by blood. There is often times excessive thirst, the tongue and the mouth becoming dry, sometimes there is a swelling of the gums. There is headache and giddiness, the patient does not get sleep and in some cases may remain unconscious. Eyes become watery and red and appear half-closed. The patient has a vacant look and lustre of the eyes fades away. In some cases the patient cannot hear properly and complains of pain in the ears. There is an appearance of watery mucus from the

nose, generally of the pneumonic variety. In the beginning the tongue becomes coated, white and rugged but moist. Later on the tongue becomes flabby, rugged, raw and dry. The patient cannot speak properly on account of exhaustion. Face becomes anxious, fearful, then pale, distorted, and hideous. The stools are dark and gummy and sometimes of different colours and foul-smelling and sometimes containing mucus. There may be constipation or diarrhoea. Sometimes stools contain blood. The body becomes unnerved. The patient becomes furious and sometimes there is delirium. Some patients get small boils, carbuncles, or reddish patches, on the body which however soon subside. There may be pain in the hands and legs followed by cramps. This condition is sometimes followed by delirium and collapse. Sometimes the disease may turn fatal without the patient getting high fever. It is therefore very necessary that the plague patient should be properly attended to from the very beginning.

After one, two or three days of fever the local signs show themselves in the formation of glandular swellings in the groins, axilla, neck, etc., and in the case of women sometimes on the breasts. Mostly it is the inguinal glands group that is swollen and are effected. If the deeper glands are also effected there is greater unconsciousness. The intensity of the disease is measurable by the particular part where the bubo appears. It does not appear exactly in the armpit and thighpit but a little below. The size of the bubo may range from the size of a wheat to that of a betel-nut. If it is at the arm-pit the burning, pain, excitements, twitching, unconsciousness and seriousness are greater. Dr. Frazer makes these important remarks relating to the subject :—

Distribution of buboes according to locality and sex—buboes appear to occur more frequently on the right than on the left side. Relatively to other buboes, axillary buboes are more frequent in women than in men. Groin buboes are relatively more frequent in men than in women. Cervical-buboes relatively to other buboes, occur about as frequently in men as in women. The glandular enlargements, however are not restricted to the superficial glands, for deeply-seated glands such as the mediastinal, bronchial, mesenteric, iliac and pelvic may likewise be effected; and it has not infrequently been found that the iliac and pelvic glands are enlarged in association with superficial glands at the groin, so as to form with them a continuous bubo. Nor does the mere production of these enlargements represent the extent of involvement of the lymphatic system.

Under the Ayurvedic system there are four principle **DHATHUS** or so-called humours : in the body :— (1) Rakta or blood, (2) Vata or black-bile, (3) Pitta or yellow-bile, (4) Kapha or Phlegm. The Colour of blood is red, of Vata black, Pitta yellow, and Kapha white. Disease is the result of one or more of them being out of balance. Such-diseases as plague etc., are ultimately connected with moral and religious causes as reflected in the **LAW of KARMA**.

Plague may be divided into four varieties, which are principally recognised by the colour of the Bubo. The colour of the Bubo may be either reddish, yellowish bluish or black. The reddish kind is the least fatal. The yellowish is about equally harmful. The bluish is more serious, while the black kind is the most serious in its effects.

Further views expressed by recent investigators :—

Dr. Frazer further stated that, lymphangitis has occasionally been observed, which involves both the superficial and deep vessels. It most frequently affects the lower extremities, sometimes causing swelling of the entire limb from the groin to the feet, and when it occurs the prognosis of the case is rendered specially grave.

Buboes may gradually undergo resolution, or they may suppurate. In the former case, they may disappear in from a week to a fortnight : in the later case, progress is usually very slow sloughing may occur, and a large open sore may be formed exposing muscles and blood vessels and weakening the patient by profuse discharge. Death is in this manner occasionally produced long after the immediate dangers of plague have disappeared.

W. HUNTER in 1906 studied the anatomy of Buboes, their site, number etc., as follows :—

Date of onset :— Buboes may be one of the earliest signs of plague. Many appear within forty-eight hours of the onset of fever, and the majority are well marked before the fourth or fifth day of the illness.

Their Growth :— This is usually slow : a rapid increase is of grave prognosis, according to LOWSON, buboes vary in size from a Hazel-Nut to a man's fist.

Situation :— Femoral-bubo, left or right, is the commonest form, about 30% of each variety. Next comes axillary bubo, from 13 to 17%, then inguinal, about 2.5 to 3.5% : and right and left

cervical about 2 per cent. In the case of the femoral or inguinal bubo, the swelling may extend to the iliac and lumbar regions. The Haemorrhagic and oedematous infiltration may extend considerably upwards or downwards. In the axilla, the glands and surrounding connective tissue form a soft oedematous mass of varying size, the oedema and haemorrhage extending for considerable distances.

Double Buboes :— Femoral, occur in about $\frac{1}{2}$ per cent of the cases. They point, in the author's opinion, to the conclusion that plague is a initio, a septicæmic disease. General lymphatic enlargement also occurs in plague, not only in the bubonic, but in other types, pointing to the view that plague exerts a special action on the general lymphatic system.

The author considers that, B. PESTIS multiplies in the blood stream and primarily attacks the lymphatic system. Here, swelling, oedema and haemorrhagic extravasation takes place, accompanied by periglandular oedema and haemorrhage, which becomes diffuse. This would lead one to the conclusion that buboes are not dependant on lesions in the skin in the immediate neighbourhoods for widespread haemorrhagic extravasations are quite as common as buboes. The author considers that the obvious objection that buboes occurs in definite regions, can be met by the following considerations :—

- (1) Many cases of plague are not buboes ; although the glands are enlarged ;
- (2) Different types of the disease prevail in different epidemics in one bubonic, in other the Septicæmic type ;
- (3) The epidemic may begin as bubonic and becomes Septi-cæmic in character, and vice-versa ;
- (4) Cervical, submaxillary, and paretid buboes may occur, be a source of entry ; they may be much enlarged and contain numerous bacilli. The persistent absence of anything like acute lymphangitis is strong evidence against the skin inoculation theory of plague. The author regards the view of the cutaneous infection in plague as an axagerated one. In 1910 Mr. B. K. Rao, reports two cases of plague with unusual symptoms, resembling those of cholera, and in one of which plague bacilli were isolated from the faeces.

Differential Diagnosis as per modern and Indian systems follows in the next issue of the journal.

B.C.G.--As an Ayurvedist views it

By Vaidya Bhooshanam K. RAGHAVAN Thirumulpad, Cochin State.

Tuberculosis is a disease most rampant in India today. Tests made among the students of Madras are said to show that even among those who are not already affected, eighty persons in every hundred have a tendency to be "caught hold of" by it. The Government of India, with the good intention of finding a means to check it, have accepted the expert advice of the Allopaths in popularizing the B.C.G. injections as a precautionary measure.

It is indeed alarming to note that a great majority of us are liable to get affected by T. B. and in this connection it would not be out of place if we try to analyse what T. B. is and how it is caused, as prevention and even cure are, in essence, removal of the cause.

साहसं वेगसंरोधः शुक्रौजःस्नेहसंक्षयः । अन्नपानविधित्यागश्चत्वारस्तस्य हेतवः ॥

"Exhaustion caused by exerting beyond one's capacity, want of elimination of wastes (wanton or otherwise), loss of semen vitality and fat (beyond the capacity of the body to recoup) and transgression of the rules of dietetics are the four causes of consumption"—so says Vagbhata.

It is not a disease which sets in all on a sudden. Continuous breaking of the laws of hygiene and healthful life, for a long time, in the above four forms end in consumption, and certain diseases, when not properly treated or when suppressed, take the form of consumption. In short, it is the chronic development of some disregarded or ill-treated acute form of disease, which in itself is the outcome of unhealthful living.

When we view the present condition in this light, there is little room for surprise. The present social structure is one where in a huge majority have to exert too much beyond their capacity to make both ends meet, a minute minority exploiting the fruits of labour of the toiling majority. The majority gets ill through over-exhaustion while the minority suffers for want of exertion. The unnatural life upsets the various systems of the constitution, the foremost of which is the alimentary (digestion and assimilation of the food essence and elimination of food wastes and other bodily toxins). Perhaps the most important function is elimination of wastes for want of which the whole system suffers causing constitutional disorder and derangement.

which, in fact, disease is. Wastes accumulate, get mixed with blood and circulate all the body over. Then digestion and assimilation suffer causing dyspepsia. It is at the root of every form of disease, and especially of T. B. Over-exhaustion and want of proper elimination damage cell formation and affect vitality. The worst of all is the transgression of the health rule regarding eating and drinking. Our diet today is not at all nutritious. Milk has become an article of luxury beyond the reach of the average man. Not himself always the cultivator, he has to depend on the market where the available stuff is denatured. The rice we get as ration is so devoid of nutritious elements that even the worms would avoid it. The conventional method of cooking destroys the vitalizing and health-giving elements—which the westerners call vitamins. Fruits and greens which are abundant in natural salts of which the body is constituted find little place in our dishes and by nature man is a fruitarian. We go in for made-foods which are prepared in laboratories beyond the seas, in different climes and conditions, and not a little are they responsible for our degenerated health. So we commit sin in eating—in quantity as well as in quality. The majority is an example for the saying,

भोजनं हीनमात्रं तु न बलोपचयौजसे ।

(food, less in quantity and quality, tends to loss of strength, growth and vitality) while the minority which is considered to be lucky serves to show that too much food upsets the balance of the bodily constituents

अतिमात्रं पुनस्सर्वानाशु दोषान् प्रकोपयेत् ।

We do not at all remember that "solid half, liquid quarter and the rest for air,"

**अन्नेन कुक्षेर्द्वाविंशौ पानेनैकं प्रपूरयेत् । आश्रयं पवनादीनां चतुर्थम-
वशेषयेत् ॥**

is the maxim in diet for a healthy life. We mix food with the least consideration for their qualities. Hungerless eating *Adhyashanam* is another curse prevalent among us. The food once taken in should be fully digested, the essence properly assimilated, and the wastes completely eliminated before we take in the next meal. The naturopaths, who depend on their sound knowledge of the natural "habits" of the body for prevention and cure of disease, say that the body takes 18 hours to digest a full meal. So it follows that the body requires only one full meal and a light one. The Malayalee proverb meaning that supper should be half in quantity of what the stomach can easily

accommodate and digest denotes this fundamental principle *Arabayara Aktaatam*. Even then, certain complete fastings, half-fastings etc. are enjoined upon us with the main idea of giving rest to the over working stomach. "Only twice should we take food—in the morning and the evening—on any account nothing should be taken in between. This is law unbreakable."

सायं प्रातर्मनुष्याणां भोजनं शास्त्रसम्मतम् । नान्तरा भोजनं
कुर्यादग्निहोत्रं समो विधिः

says the Science of life. Artificial manures also tends to produce stuffs which are not wholly wholesome. In the work-a-day world of today, we find no time for anything. We are always in a hurry. We have to attend business at the fixed hour before which we hurriedly gulp in something when the stomach is in no position to receive it. But we can't help. From time to time we take coffee, tea and all those abominous stuff from hotels irrespective of our requirements. The food is never properly masticated and allowed time to get thoroughly digested. All these lead to derangement of the digestive, assimilative and eliminative organs. Everything is upset. The repairing and renewing of the cells which constitute the body are affected

रसोऽप्यस्य न रक्ताय मांसाय कुत एव तु ।

The prognosis (*Purvaroopam*) of T.B. clearly shows this (oozing of water in the mouth *Prasekam* feeling of sweetness in the mouth *Mukhamadhuryam* etc. However much of food we take of whatever quality, still the body continues to get thinner and thinner.

There is one more reason for consumption which the saints of yore have not noted—perhaps that was not prevalent then. The medicines used by the Allopaths are veritable poisons and each does, however minute it is, is a check on the vitality of the patient. But in this the doctors are not to be blamed. Nothing more can be expected from their system which mistakes symptoms for disease and aims at their suppression. The vital power within tries to bring out waste matters and disease is the manifestation of that effort. If the disease is to be 'cured' without providing for the elimination of the waste, the vital power which pushes out the waste matter, has to be crushed down—and in fact that is what the Allopaths do. The vital power which is thus temporarily crippled tries to renew its effort at the next opportune moment. Disease in some other form appears and if it again is suppressed, the vital power gets weakened and disease takes a chronic change. Also, the germ theory on which the edifice of Allo-

pathy is founded, colours the eyes of the doctors and their followers. They use poison to kill the germs and the poison kills the man. Dr. Muthu, an authority on pulmonary T. B. says that treatment of T. B. based on bacteriology has been throughout a thorough failure. Vaccination and injections proposed to prevent small pox and other 'contagious' diseases are in fact a tax on the vitality and it is no wonder that after two or three decades of Allopathic treatment, the present generation is devitalized—not immune not only to T. B. but also to any disease. Had some attention been paid to observe nature rather than to treatment of the so-called diseases the degeneration would not have been so much—even positive health would have been enjoyed.

So we see the back ground in which T. B. spreads. It goes without saying that the proper remedy lies in the removal of the cause. An environment in which man is not forced to break nature's laws of health is to be created and proper education regarding the causes and cure of disease and individual responsibility that each one has in this connection, has to be given to the public. It is a bit social too—but it cannot be helped.

Now it is clear that B. C. G. is not the remedy for T. B. As long as the unnatural conditions are prevalent, disease either in the form of T. B. or in any other form cannot be erased. It would seem that anyone can go scot free and break all rules regarding hygiene, once B. C. G. is administered. But that cannot be as any rational man can see. B. C. G. contains live bacilli. We see people who are inoculated catching small pox. Small pox is an acute disease and as such a cure in itself. If the disease gets in through B. C. G. it is not very easy to be detected as T. B. is not an acute type of disease. Thus B. C. G. may work havoc in one who by healthful living might be able to cultivate positive health. The condition that the guardian has to give a written permission indemnifying the authorities for any responsibility for disaster that may arise as a reaction of this injection is indeed thought-provoking and makes dispassionate thinker suspicious as to its good effects. Even the Allopaths do not have a uniform optimistic opinion regarding the effects of B. C. G. Dr. J. B. Mc Dougall of the Tuberculosis section of the World Health Organisation says, "It is unlikely that the success which has attended B. C. G. vaccination in many countries in Western Europe can also be achieved in India because in Western Europe in particular there have been other and equally important measures taken for the control of T. B." It is clear, even as per Allopathic opinion, that B. C. G. is only one of

the aspects of T. B. control. So we can expect no good out of it in India and the ordinary disastrous reactions which usually attend these kinds of vaccinations and injections may follow.

So it is only worthwhile to wait and consider before jumping into something which may prove to be disastrous. Meanwhile, if only a fraction of the huge amount which is going to be spent on B. C. G. is utilized for general improvement providing for healthful life, no doubt, in the near future the necessity of B. C. G. injections itself will disappear.

CASE REPORTS

Irregular Menstruation

By Ayurved Vidwan VINAYAKARAO BAPAT L.A.M.S. (Mys).
Harshikatta, P.O. Siddapur, Dt. N. Kanara.

Irregular menstruation, or suppression of it in young girls is a disease which often tries the patience and intelligence of the attending physician. Many a time the physician who attempts to forcibly induce menstruation by several means is embarrassed with the repeated failures.

Malfunctioning of the Endocrine glands are said to be the cause of this disease, when no other defects in the generative organs are found. Based upon this theory several sex hormones like the thyroid, pituitary etc., are being advocated, but the results are not encouraging. It is said that these drugs should be continued for months together, sometimes over a year also. The patient is almost disgusted by this lengthy treatment, but even then a medical man cannot always feel confident about the success.

According to Ayurveda the ovaries are invariably at fault (when no other organic defects are present) for this state of affairs. I have successfully treated more than half a dozen obstinate cases of irregular menstruation where there was pathological Amenorrhoea, and a few cases of interest are given below.

Patient aged 17. Constitution fairly good. Menstruation irregular from the beginning occurring once in 2-8 months. After the first menstruation, which occurred in her 14th year, she did not menstruate for nearly a year. At the time when my treatment was begun (1937) clean seven months had passed since the previous menses, and the

people of the husbands family were anxious (since the lady was married a couple of months before) and were waiting for the occurrence of the menses to celebrate the nuptials. I tried several medicines for nearly a month to induce menstruation forcibly. It was the beginning of my professional career and I was very much upset by this failure. But it was a consolation to me that the lady was taking (as per medical advise) thyroid and pituitary tablets from the last one year but with no benefit.

Somehow I thought at totally abandoning forcible inducement of the flow, and began to administer a tonic drug to strengthen the ovaries.

R/-

Suvarna Makshika Bhasma	} 2½ grs. of the mixture in equal proportions to be given with honey twice a day.
Vanga Bhasma	
Mandura Bhasma	

The patient was advised to drink a cup of milk every day.

The above medicine was administered for hardly a fortnight, I was reported that the lady was in menses, and the quantity of the discharge was fairly good as compared to the previous scanty menstruation and that too with pain. The same medicine was continued for four and a half months. The lady was in menses after two months (After the previous flow) and the flow was thereafter regular occurring ones in every month. By the time the treatment was stopped, the lady had conceived, and she is now (at the time of writing this article in 1949) the mother of four children. It is recently reported that after the birth of the last child, who is three years old the menstrual flow is not quite regular, and that the interval ranges from 1-2 months. But there is no pain nor any other symptoms.

Case 2.—Lady aged 22. First menstruated in her 15th year. After that no menses for one full year after which there was a scanty flow for namesake only. From that period onwards till the commencement of my treatment, the menstrual flow was irregular occurring at an interval of 6 to 10 months. It was never earlier than six months. The flow was scanty accompanied with pain. The patient is slightly emaciated and her general bodily growth is not proportionate to her age. Sexual appetite practically nil. On percussion there is slight pain at the back, on either side, just above the iliac bones. The lady has never conceived, till the beginning of my treatment.

Treatment was commenced during the first three days of the menstrual flow.

R/-

Camphor 2 grs.	} Kept in plaintain fruit and asked to be swallowed once in a day for three consecutive days.
Vanga Bhasma 1 gr.	

From the fourth day onwards she was given :

R/-

Suvarna Makshika Bhasma	} 2½ grs. of the mixture in equal proportions twice a day.
Vanga Bhasma	
Mandura Bhasma	

Anupana. Three fourth tola of fresh butter, one teaspoonful of pure honey and 10 grs of sugar candy.

At the expected time of the next menses the above medicine was stopped and Modak prepared out of Til and jaggery (3 tolas) was given twice daily for three days. Luckily the lady was in menses within a couple of days. The quantity of the discharge was comparatively more but was as usual accompanied with pain. During the first three days of menses camphor and Vanga Bhasma was given and the other medicine was again begun from the fourth day and was continued for a period of five months (Total period six months). Along with this :

R/- Ashokarishta ½ oz. with 1 oz. of boiled water was administered in the afternoon, after food for all the five months. Along with this a cotton plug dipped in Maha Narayana Tails was kept daily in the Vagina for one and a half months. The menstrual flow began to occur regularly and without any pain. The sexual desire gradually increased. The general constitution and the facial appearance improved. After five months' treatment the flow was once missed. The treatment was continued for a month and a half more, and later it was stopped with the believe that the lady might have conceived.

The lady has now delivered a beautiful male child who is now six months old.

Case III.—Another lady aged 21. General constitution fairly good. Menstruation irregular occurring at an interval of 2 to 6 months, accompanied with pain. Quantity of the flow normal, occasionally more. First menstruated in her 16th year. For one year it was normal. Later this defect developed. The lady is addicted to excessive drinking of tea. She is sterile.

The treatment was commenced during the menstrual period. The first medicine was given during the first three days, and the other begun from the fourth day onwards. The pain was controlled within three months' treatment; and the flow was almost regulated, the third occurring within 40 days after the second. The treatment was continued for another three months, but none without camphor mixture during the flow. By the end of six months the interval between the two flows became regular but Menorrhagea started. Now the above medicine was stopped and she was prescribed :

R/-

1. Abala Sanjeevini (preparation of Ayurvedasram Pharmacy, Ahmadnagar) 30 grs. to be taken in the morning in "Rice Washed Water".
2. Lodhrasava $\frac{1}{4}$ oz. } with 1 oz. of boiled water twice daily
Ashokarishta $\frac{1}{4}$ oz. } after food.

This treatment was continued for three months. By this time the disease was completely cured. The patient's general health also improved to a good extent.

I have successfully treated a few more cases of irregular menstruation with the same drug and feel confident that this drug, if submitted to a large scale clinical experiment, would go a long way in helping the suffering humanity, and in exposing the Treasure of Ayurveda to the world at large. There are many such effective medicines in Ayurveda which only needs a sympathetic and scientific approach.

NEWS & NOTES

MAKE AYURVEDA THE PIVOT OF INDIA'S SCIENTIFIC ACHIEVEMENT.

The long expected report of the Chopra Committee is at last out to the great relief of all concerned, but it has offered no relief to Ayurveda nor to the lovers of science. The Committee are in a dilemma-whether to reject the Medical Science or to accept the Indian system of medicine-Ayurveda-or vice versa. They have decided to take the easiest path of integration.

Knowledge has no boundary, far less a science. It is a good sign that they have accepted the fundamental truths of Ayurveda and admitted the efficacy of Indian drugs for the people of the country. Ayurveda has a special message to give and a different method of approach to the science of health and medicine.

Surely there are common factors between the two and it is as it should be, for Medical Science and as its basis many things of Ayurveda. It has naturalised them and made further advancement upon them too. Still the fundamental difference remains.

The present attempt to fill in the gap with the Western science is a suicidal policy so much so that the Indian System of Medicine—Ayurveda, as special medical science for treatment of diseases, will die or be absorbed without leaving a remnant of it. The golden path is to allow the Indian Medical Science to grow naturally to its full stature through the existing Ayurvedic institutions or by the establishment of standard Ayurvedic institutions which may themselves rediscover the science or take help from the modern science to understand and advance it and not to path up with the trimmings of a science.

There should be an all Ayurvedist Board and a mixed board to look after the Ayurvedic Department. If any help is to be taken, it should be taken from the Ayurveda-minded men. The report is a half-way scheme whereas it should have been all centred round Ayurveda. Science is universal and truth is one but nowhere men have achieved perfection; hence, different path to approach the truth.

If integration or amalgamation is followed as a feeder to our dearth of scientific acumen, we must wait till such men are born to explore the latent link of research in its own line. Let Ayurveda be the centre round which our scientific achievements be applied to make it flow into greater achievements and avoid confusion and absorption to keep intact its speciality.

B. Mazumdar

DOCTORATES AND LICENTIATES.

Practitioners of Indian medicine need not be particular about that office. As a matter of fact an L.C.P.S. or M.B.B.S. too cannot claim to write as Doctor.

It is really deplorable that medical practitioners of the Western System should raise such a hue and cry against the Indigenous System. All this is known as professional jealousy. It is time such tendency is given up and both go hand in hand trying to lessen the suffering of the Indian masses.

"Ayurveda"

CHOPRA COMMITTEE'S RECOMMENDATIONS TO MEDICAL PRACTITIONERS

The Government of Madras have taken up the reconstitution of the Central Board of Indian Medicine, Madras. The elections are now

in progress by "ballot system". In the field of Science, the Government should have realised that premature imposition of the trappings of democracy should be carefully avoided.

This type of democracy perhaps explains the treatment of the L.I.Ms. (A Class Practitioners) in the proposed reconstitution of the Central Board of Indian Medicine. They have been allotted only eight seats out of 26.

Even the Chopra Committee observed that Control over the education in these systems should rest only in the hands of those who are institutionally qualified in the matter of representation on the Council of Indian Medicine. The proportion of institutionally qualified must be larger than that of the non-institutionally qualified practitioners."

What is wanted is a blending of the real benefits and advantages of both the sets of practitioners. Unless the Government rectify the wrong done to the "A" Class Practitioners by allotting the three nominated seats to them, more difficulties are bound to be encountered in the setting up of a new order in the field of Indian medicine in the Province.

T. L. Kanta Rao

ELECTED TO CENTRAL BOARD OF INDIAN MEDICINE

Madras, May 16—

The following persons have been elected to the Central Board of Indian Medicine, writes the Joint Secretary of the L.I.M. Association, Madras :—

Drs. C. Dwarakanath, N. Hanumantha Rau, K. Kasinathan, Y. Kondal Rao, T. Lakshmikanta Rao, M. Mallikarjuna Rao, V. Narayanaswamy, Y. Suryanarayana Rao. Messrs. A. Subba Rao, M. Venkata Sastry, M. Venkataramanayya Patrudu, G. Subramania Sastry, P. B. Krishnamacharyulu, Nori Venkateswara Sastry, Divi Rangacharyulu, K. Subramania Sarma, G. Venkatasubbayya, V. Narayanaswami, T. M. Narayanaswamy Iyer, C. K. Kumaraswamy Pillai, C. Somasundaram Pillai and P. Muthukaruppa Pillai.

CORRESPONDENCE

Ahmedabad, D/5th May, 1949.

FROM,

The Ahmedabad Pharmacy Association,
Ahmedabad.

TO,

The Hon'ble Sri N. M. Patil,
Minister of Excise, (Bombay Province),
Bombay.

Dear Sir,

We, the members of the Ahmedabad Pharmacy Association, humbly request your honour to kindly remove duty, licence, and all other restrictions from the manufacture and sale of Asavaristhas and oblige.

1. With good intentions for the welfare of mankind to educate the public to maintain health and protect themselves from diseases, our learned, pious and enlightened—sages, preached the principles of Ayurveda and laid down—various processes of manufacturing harmless and curative medicines to eradicate the diseases. Balanced Doshas, Balanced Dhaatus, Balanced malas, and Balanced physiology with rapturous mood of mind and organs is indication of the health. Like the Churnas, Decoctions, Linctus, pills, Bhasmas, Chemicals (Rasas), Ghritas, and Medicated oils, the medicines called Asavas and Aristhas are harmless, non-poisonous, non-intoxicants, and purely remedial agents. Because they have immediate effects (Ashu: immediate) they are called Asavas.

2. Like all other substances the Asavas and Aristhas get ripened (become worth using) in an allotted time and the substance which is produced to preserve it, is called preservative, and helps maintaining the secretions or the curative factors of the plants, herbs or drugs, and thus the Asavas and Aristhas are merely the vehicles for preserving the human-ailment-curative-factors found in—various parts of plants. Following the elementary—combination of the human bodies according to their actions these medicines help removing the diseases out of bodies and have got no connections with alcoholic drinks.

3. The curative-factors of plants or herbs get eliminated with the duration of time, some are volatile and remain up to certain extent of time, others are absorbed by the best and part of plant made more

rubbish. To cure diseases we are required to maintain these factors and it is only by this Rishi Technique that we can preserve them or otherwise. We don't hope the govt knows any other way or have got any hold upon these curative factors. Also there is no other such economical and scientific preservation way for them. These Asavas and Aristhas work according to the attributed of the plants given in Shastras and have no properties other than the indicated curative attached to them. Intoxication and Alcoholism can never be expected from them.

4. As all other medicines have their physiological action so do the Asavas and Aristhas. The science of life however teaches principles of degenerating the human bodies, if any intoxicating or body degenerating sign existed in the Asavas and Aristhas, the masters of this science would never preach and lay down their processes of manufactures and use. The science of life teaches us how to live gloriously long. Therefore these Asavas and Aristhas are only the means of carrying the curative factors of plants and herbs.

5. If there are any medicines to exist preserving their due attributes they are only Asavaristhas, no time factor deteriorates them on the contrary it adds to their efficacy. The poor can get earliest cure, spending the smallest sum by these medicines alone. Their general use only exists so long as the govt does not lay their restrictions upon them and make them the monopoly of the rich. They are nothing else than the medicinal substances. To restrict them means to load the poor with more poverty. They cannot fall in line alcoholic substances.

6. The use of Asvas and Aristhas is in vogue from times immemorial. Brighter rulers and better scientist have been born. None has restricted them. True scientist knowing the chemical composition and the chemical changes can never speak of them as intoxicants and true rules can never lay restrictions upon them because they are remedial agents and great help to the poor.

The alcoholic substances are different and their names in Shastras differ, Shastra always name them considering their properties. They are sura (Spirits), sauvir (wine), tushodak (Beer), Mairaya (Rum), Madira (Brandy), etc., Shastra has spoken of them as Ayunashak (degenerative) and hence—forbidden their use. Why does govt unlike the Shastras consider the Asavas and Aristhas which are purely remedial agents, defective or restrictive?

7. It is due to Asavas and Aristhas that the Ayurvedic treatment is in the easy reach of the poor and rich alike, and if restrictions happen to block them up, govt should know it that Ayurvedic treatment shall become dear and the public will forget this part of the Ayurvedic treatment. Do the patriotic govt consider it proper to destroy this chapter of Ayurvedic science ?

Chiretta, out of which Kirataristhas is manufactured, is so bitter that none likes its smell even, why restrictions on such medicines then ?

8. The public and vaidyas have been showing their indifference for the prohibition of Drakshasavas and demanding its free sale. While it was the worthy duty of our govt to analyse, study and find out the comparative curative efficacy of Drakshasavas and remove restrictions from its use the govt is taking contrary steps and laying restrictions upon all Asavas and Aristhas without properly analysing them and finding out what they are. Is not this injustice with Ayurveda ?

We request the govt to take public safety measures first and remove restrictions from Asavas and Aristhas, they are general medicines and vehicles of the plant and herb-curative-factor. The public is benefitted by their use. They are common medicines, so simple and harmless and hence no restrictions is necessary.

9. If our peoples' govt also restricts the use of Ayurvedic medicines with the same motives as the foreign Imperial govt did, we may have to fight against them following in the foot-steps of congress.

The British govt did every thing with the intentions of spreading their trade, will our govt also encourage the foreign materials and medicines ? The right thing is that if the govt does not know the efficacy of their own (Indian) products, they should try to know it, seek help of the learned and then do as it may be needed.

Asavas and Aristhas are Active, simple and common remedial agents indicated to their attributes and can never be said to have intoxicating properties, hence they never fall in the line of alcoholic drugs and should not be restricted. So we request you to remove all sorts of restrictions from them and oblige.

Expecting considerate and sympathetic actions.

We are,

Yours faithfully,

HARSWARUP Sharma,

Secretary.

To,

The Editor-in-Chief,
"Journal of Ayurveda".

Sir,

I wish to bring the following few lines for your kind notice and request you to be sympathetic towards this problem. I again request you to publish this matter in the Journal.

I am a graduate of Mysore Govt. Ayurvedic & Unani College Mysore. I have been practising in this city for the last 3 years. I have got fairly a good practice. There are nearly 30 practitioners in this part of my qualification. They are also getting on well. The plight of us is that the College is not recognised by the Govt. of Bombay Since the introduction of the medical practitioner act by the Govt. of Bombay in the year 1938. Hence our diplomas are not registrable under the act. Even a layman got himself registered under this act who does not know A.B.C. of Ayurveda. Repeated attempts were made to redress our greivences by approaching these two Governments (Mysore & Bombay). The outcome of which is nothing. Similar was the case with other graduates practising in Madras presidency but they opposed to the Government of Madras through you and they got success and they are peacefully practising. Hence I request you on behalf of my fellow practitioners to lift us up by influencing the Government of Bombay by your just personality.

Yours sincerely,

K. L. Chintamani.

Untimely Death of an Ayurvedic Devotee

Pranachayya Kaviraj M. K. Mukherjee, an ex-president for three successive terms of All India Ayurveda Congress and a devotee of Ayurveda and an organising wizard of All India Ayurveda Congress died of coronary thrombosis at about 2 p. m. on 28th May 1949 at 39, Grey Street, Calcutta. He was born at Kasba in Nokhali.

MALABAR AYURVEDIC STORES

Phone : 4116

Estd. 1924

107/108 Broadway, MADRAS, 1.

Paralysis:- Kaheerabala (101 Times Medicated) & Ayaveeram

Blood Pressure,
Mental & Nervous
Disorders

} Special Malabar treatment.

Treatment for Cancer undertaken.

Consultation by post a speciality.

CATALOGUE FREE.

MENTOL

A BOON TO BRAIN WORKERS

Mental weakness is probably the most common disease of our days. Stout and healthy looking people also suffer from it, feeling all the time declined and have to drag themselves along, as it appears, to somehow complete their daily routine. Smiling and brilliant faces have now become a talk of by gone days and even young people do not seem to find much pleasure in life.

MENTOL is a boon to all brain workers, students, pleaders, judges, clerks and for all others of the learned profession. It increases memory safeguards eyesight. strengthens the heart and cures fainting and fits. Debility due to excessive indulgence and mental depression quit immediately and redoubled energy and clear memory takes their place.

The principal ingredients are hydrocotyle Asiatica (the World's oldest man LI-CHING-YUN who claims to be 250 years of age attributes his longevity to the use of this Indian herb, known as Brahmi), Emblic myrobalan (Amalaki), Daucus carota, conserve of Rose, conserve of apple, citrus aurantium, Resin, silicious concretion of bamboo, Pewil; Pistacia leufiscus (mastagi), argentum etc., etc.

Direction—For adults : One tola or two teaspoonful to be taken twice daily morning and evening with milk.

For children : 3-6 mashas or 1-2 to 1 teaspoonful.

Price : Bottle of 8 ozs. Rs. 7/-

Bottle of 4 ozs. Rs. 3/12/-

MAJUMDAR LABORATORIES,

90, Connaught Circus : : NEW DELHI.

Majumdar Ayurvedic Pharmaceutical Works

The best and cheapest and the most reliable Ayurvedic Pharmaceutical works in India for the manufacture of Shashtric medicines and sale thereof for Physicians and patients.

CLINICAL DEPARTMENT

We have now opened a clinical department under the direct supervision of qualified and experienced physicians. Send the full history of your case in detail and a "stamped self addressed envelope" for fee "Diagnosis and suggested treatment. Ask for a history chart with 2 annas stamp.

For further particulars write to :-

Manager,

Majumdar Ayurvedic Pharm. Works,

90/8 C. Circus, New Delhi.

Hauz Qazi, Delhi.

Tele. N. 7366

5703

YOUR PILES GONE

PILES SCREW Regd.

Many Physicians claim to cure Piles permanently without any guarantee. On the contrary, I guarantee to cure Piles permanently on a money back guarantee, no matter what stage yours has reached. You will get marvellous results from my remedy. Rs. 12-13-0 per bottle.

LEUCODERMA

The only invention up-to-date recognised and praised from coast to coast for unique cure of white patches only by internal use. Histologically demonstrated and UNANIMOUSLY admitted, "LEUCODERMINE" (Regd.) Rs. 25-13-0 per bottle. Perfect Cure is guaranteed. No matter if congenital or self-acquired.

THE DEAF HEAR

Permanent Cure, No Relapse

Deaf People:—Very easiest method to restore the accuracy of hearing power quite marvellously. No matter if there is any derangement established in the apparatus. GUARANTEED and Recognised "EMERALD PILLS (AND RAPID AURALDROP" (Regd.) Combined treatment). Rs. 37-13-0 Full course. Trial course Rs. 7-5-0.

ASTHMA CURE

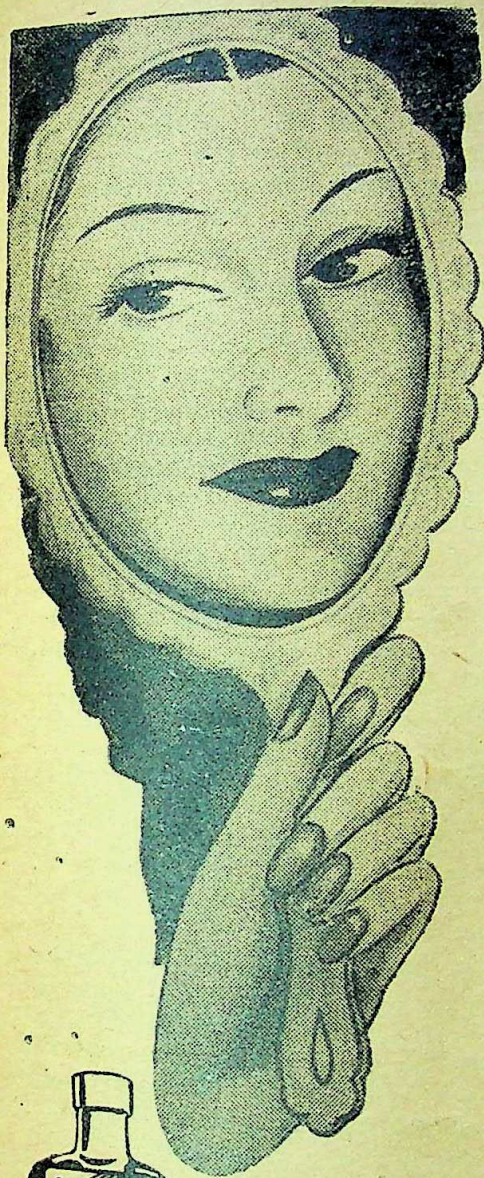
You surely expect for radical cure. You tried so many; but they were relieving agents. It shall cure you permanently. No relapse guaranteed. Any chronic nature or type of asthma and bronchitis, colic pain, piles and fistula are also cured successfully.

CATRACT (Without Knife)

No matter ripe or unripe. No matter however old the patient. Cure guaranteed. No sick-bed or hospitalisation. Particulars Free. Give full particulars and history to.

DR. S. SHERMAN, F.C.S. (U.S.A.)

28, Ramdhon Mitter Lane, CALCUTTA.



**GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
*Your Blood***

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—**SAFI**. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

Hamdard

HAMDARD

DAWAKHANA

LABORATORIES,

DELHI

H O D - 1

MAJUMDAR CHYAVANAPRAS

(Rejuvenator)

It is well-known how Rishi (sage) Chyavan regained his lost vitality, health, strength and vigour by the use of this medicine, its ingredients are so prudently adopted that although its invention goes back to thousands of years, it tops the list of medicines used as tonic.

Composition:—Majumdar Chyavanapras is made with *Phyllanthus emblica*, *Dashmool*, Root of *Sida cordifolia*, *Phaseolus trilobus*, *Glycine debilis*. The fruit of *Piper longum*, *Tribulus lanuginosus*, *Phyllanthus niruri*, Grapes, *Aplotaxis auriculata*, *Aguilaria Aqallocha*, *Chabulic myrobalans*, *Tinospora cordifolia*, *Ashtawarga* (which are rare and most valuable drugs usually omitted by most firms partly from ignorance of these essential drugs and the difficulty of getting them and partly to make the preparation cheap), *Curcuma zerumbet*. The Tubers of *Cyperus rotundus*, *Punarnava*, *Elettaria cardamomum*, *Nymphaea stellata*, Red sandal wood, *Convolvulus paniculatus*, Roots of *Basaka*, Ghee Sugar Candy, Sesame Oil, *Bambumanna*, *Cinnamomum zeylanicum*, *Cinnamomum Tamala*, *Carnomoms*, Flowers of *Mesua Ferra*, Reduced Mica-Iron-tin etc, etc.,

Action:—Aromatic, Anticatarrhal, Aphrodisiac, Antholmi-ntic, Blood purifier, Carminative, Cholagogue, Digestive, Demulcent, Diuretic, Deobstruent, Diaphoretic, Detergent, Emmenagogue, Emollient, Febrifuge, Expectorant, Hepatic, Haemostatic, Hypnotic, Lactagogue, Nutritive, Nervine sedative, Pectoral, Refrigerant, Rubefacient, Restorative, Stomachic, Sedative, Alleviative of Semen, Blood and Strength, Stimulant for metabolic activity of tissue cells.

Indications:—Majumdar Chyavanapras cures permanently and absolutely consumption, Asthama, Bronchitis, Laryngitis, Hoarseness of voice, Pethisis, All conditions of debility, the faults of semen. It enhances the power of sexual congress, restores the wind to its normal course, promotes longevity and makes a young man of even an old one. It is highly beneficial to weak and emaciated persons.

It is very rich in vitamin A.B.C.D.E. & G. and hundred times more effective and million time more palatable than the preparation of Cod liver oil etc, etc.

DIRECTION:

For Adults:—One teaspoonful to one tablespoonful with 2 chataks or 4 ozes of milk or honey.

For children:— $\frac{1}{2}$ to one teaspoonful twice daily as the physician directs.

N. B. —It will not be very effective to persons having very poor digestion.

PACKING :

Bottle of 8 ozs.....Rs. 2/8:

Majumdar Laboratories, NEW DELHI.

USE

MISRA AYURVEDIC INJECTIONS

AND

Regain your lost health in
the least time and money.

Ask for Free Particulars.

Manager :-

G. A. MISRA AYURVEDIC PHARMACY REGD.
JHANSI No. 241.

For Effective Treatment

Use Ayurvedic Tinctures for All Ailments

Our Specifics are manufactured strictly in accordance with
Shastric formulæ. They are highly concentrated and
preservable for any length of time without deterioration
thereby facilitating easy and quick dispensing.

For catalogue and other particulars apply to :-

The Ayurvedic Compound Tinctures Limited
ALLEPPEY (Travancore).

TRADITIONAL REMEDIES OF INDIA

announce

DIABALIEN

For Diabetes, Glyco-suria and allied
ailments.

Approved by the Medical Profession.
All particulars are supplied to Medi-
cal Practitioners without obligation.

Sole Distributors : **BUYER'S BUREAU**
228, Vithalbhai Patel Rd., Bombay 4

Arvind Ayurvedic Injections
are

SUPREME

Renowned for the purity and potency
all over India and abroad.

Available at all good medical stores
or direct from the manufacturers.

Catalogue supplied free.

Arivand Chemical Works,
Manufacturing Chemists,
Chindwara (C.P.), India.

For Genuine & Standardised

Ayurvedic Medicines

Please refer

MAJUMDAR LABORATORIES,

90/8, Connaught Circus,
NEW DELHI.

Apply for Agency & Sole-Agency.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request :

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay 1.

SYRUP KAMAL

A Summer Drink

Ingredients :—

The Chief Ingredients are—Juice of Pomegranate—apple—orange—sweet lemon—pineapple—citrullus—vulgaris—pyrus cydonia—cucumber, Ext. of Rose, Kewara—Salix caprea, Red Sandal wood, root of sugarcane, fumaria officinallis, flower of margosa, Corriander seeds, Kasni etc.

Direction for use :—

Immunity to diseases—Two ozs of syrup diluted in a tumblerful of water is to be taken in the morning and evening. Ice can be used.

The syrup gives pleasure and palatability if used with milk or buttermilk.

The syrup if taken as stated above removes lassitude, thirst, sunstroke and headache.

In loss of appetite use this syrup twice daily with cold water, early in the morning and evening and after two principal meals at noon and night.

In vomiting and nausea lick this syrup at brief intervals. In case of presence of thirst the syrup should be diluted in cold water or soda water or Arq Soni and Podina and ice.

Pregnant ladies may also take in the same way as stated above for morning sickness.

For palpitation of heart use this syrup with cow's milk or Lassi and ice.

To check loose motions avoid food a day and use the syrup with butter milk or whey.

Person stricken with sleeplessness must take their dinner three hours prior to retiring and use this syrup with cold water while going to bed.

In sunstroke and bilious fever use this syrup with cold water and ice at short intervals.

MAJUMDAR LABORATORIES

90, Connaught Circus, New Delhi,
Hauz Qazi, Delhi.

Ayurveda Vidyalaya Jamnagar Medical College

The best Institution of its kind in Western India, affiliated to the Govt. recognised Board of Indian system of Medicine, with separate equipped hostels for Gents and Ladies, taking only four years to finish up the Courses after matriculation manned by Competent Staff in Ayurveda & Alopahy, and granting a Diploma D.A.S.F. invites visitors, students and guardians to visit before the 20th June 1949 when the New Academic Year begins.

For further particulars apply to:—

The Principal,

Ayurveda Vidyalaya, JAMNAGAR.

To our contributors.

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors of original articles are entitled to receive 24 reprints *gratis*; additional reprints can be obtained on payment. No reprints will be supplied unless contributors *ask for them at the time of submitting their manuscripts*.

2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the *journal*, before the reprint are ready. If reprints are not received within two months of publication of the *journal* contributors should write to the Publishers.

3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.

4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.

5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.

6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.

7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor. *The Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.

8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.

9. Communications for publishers relating to *subscription* and advertisements should be addressed to publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.

10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editors opinion, are objectionable.

11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7/8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. 1/8/- each. Outstation cheques must include exchange charges.

Telephones : 7366 & 5703 Telegrams : "Hariranjana" New Delhi.

WHEN VITAMIN REINFORCED LIVER
OIL IS REQUIRED FOR YOUR PATIENT



It is rich in growth promoting vitamins, essential minerals and nourishing ingredients. It is an invaluable dietetic adjunct in pregnancy, infancy, convalescence, cachexia and malnutrition.

DOSAGE:

Adults:— One tablespoonful three times a day (with milk after meals).

Children:— Half to two teaspoonfuls three times a day (with milk after meals).



RELY ON **Alembic** ALWAYS

ALEMBIC CHEMICAL WORKS CO. LTD., BARODA

Pyralgine

TABLETS

FOR
PAIN

Headache, Toothache,
Neuralgia, Rheumatism,
Dysmenorrhoea, Pleu-
rodynia, Influenza,
Insomnia,
etc.



EACH TABLET CONTAINS:

AMIDOPYRINE	2.0	Gr.
PHENACETIN	2.5	Gr.
CAFFEINE CITRAS	0.5	Gr.
CODEINE PHOSPHATE	0.16	Gr.
PHENOBARBITONE	0.25	Gr.



Tubes of 10
tabs. & Bottles
Of 100 tabs.

ALEMBIC CHEMICAL WORKS CO. LTD. BARODA

THE JOURNAL OF Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

No. 7

New Delhi

July 1947

CONTENTS

Editorial

Articles

Insanity and its Indication

B. V. Rao

A Comparative Study on Plague

T. L. Kanta Rao

Recent Notes on the History of Ayurveda

Bhagavat Datta

The Ayurvedic Interpretation of Medicine

Bhagavat Datta

Ayurveda in the East

Ganga Datta

Notes & News

Correspondence

Index

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchulak, Bhadkamkar Ayurveda Samshodhan Mandir
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO, H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAO, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrititirtha, Vedantashastri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashastri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
*Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
Editor in Chief Journal of All India Ayurvedic Congress.*
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४)

मृत्योर्माँऽमृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. I

July, 1949

No. 7

EDITORIAL

Asavarishtas and Prohibition in Bombay

In our last issue we published a representation made by the Ayurvedic Pharmacists Association, Ahmedabad relating to the sweeping restrictions imposed on the manufacture and sale to the public of Asavas and Arishtas under the Prohibition Act in the Province of Bombay. Though the introduction of prohibition is a desirable measure which has not only to be welcomed but also warmly supported by all who have their country's well being at heart, its application, to the manufacture and sale to the public and the profession, of Asavas and Arishtas which are exclusively medicinal in character, is to say the least, an ill-concieved step. Except a very few, most of the Asavas and Arishtas cannot be consumed in the place of alcohol is its substitute. Most of them are unpalatable to taste and when taken in excess of the dose prescribed for them, they produce extremely undesirable results. The Ahmedabad Pharmacist's Association has instanced the case of Kiratarishta among others, which consists of Chirata (*Andrographis paniculata*) for the most part. This preparation is indicated in certain kinds of fevers. Likewise, there is the Amritarishta which consist of Gudoochi (*Cocculus Cordifolios*) and used in the treatment of chronic fevers. This is a bitter medicinal wine. There are, like the above mentioned preparations, innumerable others which cannot, by any stretch of imagination, be consumed by addicts in the place of alcoholic drinks, without inflicting serious injury on their health.

Asavas and Arishtas, it must be noted, cannot be compared to tinctures and alcoholic extracts of the Western Medicines. To those who are interested and have taken pains to understand the difference between the Asavarishtas and tinctures and alcoholic extracts, it will become obvious that the method of preparation of the former is radically different from those of the latter. Alcohol, as such, does not enter into the preparation of Asavas and Arishtas. Whatever alcohol that is found in the finished preparation is incidental and not primary. The presence of alcohol in such cases, is due to self generation. In any case, the percentage of alcohol found in these preparations is so very small and it often varies between one preparation and the other as to justify their abuse by the addicts. If, however, large doses are consumed such doses, as already stated, will inflict serious injuries on the health of the addicts. They know quite well that Asavarishtas make a poor but dangerous substitutes for alcoholic drinks.

We agree that there are, however, a few Asavas and Arishtas which are harmless medicinal wines and when taken in excess of their normal dose, may not injure the consumer to any measurable degree. Some of them, such as, Draksharishta, Drakshasava, etc. may be sought to be used in the place of alcoholic drinks, as substitutes. It is understandable if some restrictions are imposed on the manufacture and sale of these. But the imposition of wholesale restrictions on all Asavas and Arishtas indiscriminately is not only undesirable but also detrimental to the Industry as well as the Profession.

The policy underlining the introduction of prohibition is obviously an All-India one. It follows, therefore, that it should be uniform in its scope and application to different parts of India. But in practice, it is found that each Province frames its own rules to enforce prohibition of alcoholic drinks. There is certainly no uniformity between one Province and another in this regard as may be seen from the position Asavarishtas occupy in some of the Provinces where complete prohibition has been enforced. For instance we may have the case of Bombay where all the Asavas and Arishtas come under the purview of the rules framed under the Bombay Prohibition Act. In contrast, it may be seen, that in Madras where the prohibition has been enforced as a Province-wide measure, only few Asavas and Arishtas such as, Draksharishta, Drakshasava, Mridvikasava, Narikela-sava, Pippalya-sava & Karjurasava are brought under the operation of the said rules. Dashamularishta too, we understand, has been exempted from the application of the relevant rules. It is a redeeming feature of

EDITORIAL

Madras that in all such matters professional authorities of Indian Medicine are always consulted. We suggest that the Madras precedence can be safely followed by the Government of Bombay also. May we conclude by adding that a Central Policy in this regard has to be adumbrated so that there may be certain amount of uniformity in the application of the Prohibition rules, rather than each Province going its own way? Otherwise, much hardship will be inflicted on the profession, the people and the industry.

Ignorance of Film Story Writers

It is a pity that in dramas and talkies generally the Kavirajas are ridiculed in certain scenes as if Kaviraj is too old fashioned and too decadent to be of any use to the people now. This is really unfair. Why should Bombay talkies for example on the picture called 'Anyaaya' make fun of Ayurveda. This is only one example out of many. We should like to warn and caution our writers to introduce such scenes in their dramas. This is sheer foolishness and stupidity aglore. The All India Ayurvedic Congress ought to take up the cause in right earnest so that this land of Aryavarta will be freed from such calumnies. Really our writers and dramatists ought to feel ashamed of their own achievements in dramas by putting such contrast as a doctor trained in western science of medicine and a Kaviraj trained in the oriental science of medicine.

INSANITY AND ITS INDICATIONS

By B. V. RAMAN, D. SC., F. R. A. S.,

Editor, The Astrological Magazine, Bangalore 3.

In this article, I propose to deal with the astrological aspect of insanity, a disease for which modern medicine has yet to discover a remedy. To assume that insanity always results by nervous debility which in its turn is due to mental disturbances is to ignore the fundamentals of commonsense reading and ordinary logic. The mind is no doubt the root cause but the root cause itself is conditioned by certain acts done in the previous life so that a human being however normal he may appear to be for all practical purposes, would lose the mental equilibrium when the moment for the fructification of the karmic result expressed as sidereal influence arrives.

Astrologically, it is certainly possible to say in advance whether one is likely to suffer from insanity so that if indications are present, an environment from very early life may be so created as to lessen the chances of the individual's violent reactions to nervous and mental shocks.

According to Ayurveda, various causes bring about insanity chief among them being inharmoniously combined food, certain poisons, insults to Gods, the pious, elders and preceptors; sudden fear or joy, or grief, and acts which put a severe strain upon the nervous system, excite the DOSHAS (three humours) and vitiate the seat of the—understanding, the heart and all those ducts by which the mind communicates with the organs of sense. This leads to the disturbance of the mind causing insanity. Insanity is therefore a mental disease. The mind becomes restless and vacant, the vision becomes stable, and actions become purposeless and speech incoherent. Insanity born of the 'faults' is curable by administering medicine. Glutton in the absence of proper physical exercise is said to provoke Kapha (phlegm); the excited phlegm mixes with Pitta (bile) and produces what is called kapha-born insanity. Each planet is said to rule a certain humour and when the said planet is highly afflicted and adversely situated with reference to the Moon or Mercury some form of insanity cannot be ruled out. One should be very careful in analysing horoscopes for this purpose. It is always advisable that such diagnosis be left to specialists in medical astrology as otherwise grave repercussions will be felt. The following are the assignments

of planetary rulerships for the three humours. The Sun-bile (pitta); the Moon-wind and phlegm: (vayu and kapha); Mars—bile; Mercury—all the three; Jupiter—phlegm; Venus—much wind and phlegm; Saturn-wind. Mercury in the 6th afflicted by conjunction with Saturn is indicative of some form of insanity appearing especially in Sani Dasha, Budha Bhukthi or *vice-versa*. The cause of madness in this case is physical and therefore the disease is curable. Sanskrit works describe that Insanity in a large number of cases is caused by certain spirits of departed individuals, the Asuras, Yakshas and even Pishachas and a sort of insanity is generated. Whilst we may not accept this statement as 'sensible', let us not condemn it as superstitious or dismiss it lightly. It is full of significance and comprehends several of the psychological and psycho-analytical causes. Some insane people behave very violently while others are harmless. Medicine can give no explanations for these 'vagaries'. On the other hand, astrology can offer a reasonable explanation. Insanity caused by 'obsession' or possession is hardly curable. It can be checked if treated within thirteen years; otherwise it becomes incurable.

From an astrological standpoint this disease is to be viewed primarily from the afflictions to lagna, the sixth house, the Moon and Mercury. Whether mental derangement is the resultant of 'obsession' or due to physiological causes can be easily ascertained from the horoscope. Rahu determines the issue. If the powerful affliction of Mercury or lagna or the Moon has the contact of Rahu, one may be certain that no medical treatment would be of any avail. One has to seek remedies other than medicals.

In a disease of this magnitude, the configurations and aspects in the horoscope must necessarily be very severe. In studying this disease, the Moon and Mercury should be primarily considered. Mental weakness is more apt to result where there is no aspect at birth between the Moon and Mercury and also when neither is disposed favourably from the lagna, and at the same time greatly afflicted. If Saturn be the afflictor in a day birth, epilepsy is more apt to occur but in a night chart, if Rahu be the afflictor, insanity may follow. Virgo and Pisces are sensitive signs and afflictions occurring in them are always undesirable. If on the other hand, Mars be the afflictor, insanity may prevail during the day and epilepsy during the night. In insanity, the lagna is not necessarily afflicted but in epilepsy, the ascendant is usually badly aspected or

conjoined. Before proceeding further, I shall take a typical case for illustration. I am purposely omitting the birth details as readers can easily follow my arguments without these particulars.

Lagna		Moon		Lagna			
Jupiter Kethu	RASHI			Jupiter Kethu	NAVAMSA		Saturn Moon Venus
Venus			Rahu				Mercury Rahu
Sun Mars Mercury	Saturn				Sun Mars		

Although we may be unable to predict the dates of crises with the present state of development in medical astrology, we can very easily say that the native is bound to suffer from insanity. Lagna is Pisces, a sensitive sign and the Lord is in the 12th with Kethu. Let alone this combination as it made him highly stoical, religious and philosophical. The most important combinations relevant to the present discussion are :—

1. The sixth is occupied by Rahu and aspected by Kethu.
2. The 6th Lord is further afflicted by conjunction with Mars.
3. The planet of nerves Mercury is in a common sign in conjunction with two malefics, viz., Mars and the Sun.
4. In the navamsa again, Mercury occupies the sixth with Rahu and the 6th lord is in conjunction with Mars.

The benevolent aspect of Jupiter on the 6th is sterilised. he is with Kethu. The Moon being aspected by Saturn, the planet of gloom and melancholy, made the mind morbid. On account of all these adverse and perverse influences, the poor man had been erratic, reckless and gloomy. Mark particularly the association of Mercury and Rahu in Amsa, Rahu's situation in the 6th in Rashi and the planets of nerves and brain in Sagittarius with Mars and the Sun (Lord of the 6th) and the latter two planets in exact conjunction. A more typical case could not have

ITS INDICATIONS

7

been thought of. Mercury's Dasha commenced and the man was taken violently insane and had to be confined in an asylum. At this time Saturn was transitting the exact degree occupied by Mercury. This cannot be a coincidence. Our grandfather (late Prof. B. Suryanarain Rao) had warned 15 YEARS AGO, that when Mercury Dasha commenced, the native would become mad and might even be put into an asylum. The person was too proud to listen to this astrological advice. In 1938, the son of the subject consulted us about the longevity. Saturn causing Elarata for the third time and a Maraka Dasha operating, we predicted that his death would happen when Saturn enters Aswini. Unfortunately the prediction was realised. So long as the person remained in the asylum, there was little or no improvement in regard to the mental condition. It is no doubt a hopeless case. But still Jupiter's aspect could have been made to operate by properly conditioning the environment when the first warning was given. In dealing with the question of insanity, we must always bear in mind that it is a rupture between the physical body and the vital body. Before closing the article, we may just mention a few more combinations, most of which are the resultant of our own observations :—

1. The conjunction of Mercury and Gulika especially in the 6th house.
2. The moon in conjunction with Kethu and Saturn.
3. Saturn and Mars in an angle but causing Papadhiyoga from the Moon or from Mercury.
4. Saturn and Rahu conjunction especially in the first degree of Kanya, lagna being either Pisces or Kanya.
5. Mars powerfully aspecting or in conjunction with Mercury in the 6th or 8th house.
6. Mutable signs on the angles and greatly afflicted.

The astrologer, professional or amateur, would be rendering a distinct disservice to society if he attempts to predict insanity on superficial grounds. The general strength or weakness of the horoscope should not be ignored. Let readers use astrology to help and heal and not to wound. Even if there are any indications to the effect, they must not to be revealed direct to the person concerned. The nearest relatives and friends who have the good of person should be told, so that they might take the necessary preventive measures. A weak-willed person may become despondent and will

be surrounded by, imaginary troubles. *MATERIA MEDICA* is easy to read, but it is only a specialist that can diagnose a disease properly, and prescribe the remedy.

Readers will kindly send to the Editor of this magazine any horoscopes in their possession, of persons suffering or having suffered from lunacy, insanity, etc.

PLAGUE--A COMPARATIVE STUDY.

By Vidya Bhushan Dr. T. L. KANTA RAO., *L.I.M. Pedapalem, Guntur Di.*
President, Provincial L. I. M. Association

(Continued from last issue.)

Differential Diagnosis, Diagnosis of Pneumonic Plague from Influenza

Dr. Brun points out the following differences between the two diseases :—

Pneumonic plague is really a septicaemia, characterised clinically by the co-existence of variable Bronchial and Pulmonary lesions. As a rule, contrary to what might be expected, the lungs in Pneumonic plague appear to be normal, or there is only a slight degree of Bronchitis without any predilection for the basis. Bacteriologically the sputum is teeming with plague bacilli, either in pure culture or in association with a few streptococci. Lastly unlike influenzal pneumonia, pneumonic plague is accompanied from the first by a remarkable degree of leucopenia.

S. T. Lee points out the following differences between the influenzal pneumonia and pneumonic plague :— Epidemiological differences :—

(a) *Season.*—The out breaks of plague in China, all occurred in winter, being most marked in January, whereas the influenzal pneumonia in 1918 first appeared in the autumn and reached its height in October.

(b) *Distribution.*—Plague pneumonia was limited almost entirely to the labouring classes, while influenzal pneumonia, though more severe in unhygienic and crowded places, did not spare the better classes.

(c) *Infectivity.*—In plague a direct contact is always necessary for infection, whereas in influenza this is not so, proper precaution against plague pneumonia is an absolute protection, while this does not hold in influenzal pneumonia.

2. *Pathological differences.*—In influenza pus is disseminated in the lung tissue, while in pneumonic plague pus is not formed in spite of the presence of pyogenic organisms, probably because the virulence of *B. Pestis* inhabits the activity of the other organisms.

3. *Clinical differences.*—In influenza there is usually a longer period preceeding the manifestation of lung symptoms. When pneumonic plague is shorter, 60 per cent of the patients die within seventy-two hours. The recovery-rate from pneumonic plague is almost nil, whereas in influenzal pneumonia many more patients recover although the mortality is very high.

IN INDIAN SYSTEMS OF MEDICINE WE FIND IT TO HAVE BEEN DESCRIBED AS :

Kaksha Bhageshu yespotajayanthe Mamsadharunaha
 Anthardha jwara karaa deepthapavaka sannibhaha
 Sapthaha dwadasahadwa pakshadwaghnianthi manavam
 Thamagnirohineern Vidhvadasadhyam sarvadashajam
 (Madhava-Nidhana)

i. e. Boils appear in the axilla, accompanied by a burning sensation like that produced by a live charcoal. The skin bursts and fever also manifests itself ; this is called 'Agni-rohini'. This is born of the three doshas, and is very difficult for cure. If it is born of vathadhikyam death takes place in seven days, and kaphadhikyam in fifteen days. If it is of Sannipathika type it is incurable (Asadhyam).

Under the Ayurvedic system this disease is more connected with moral and religious causes as reflected in the Law of Karma :—

Anyhow it may be divided into four varieties which are principally recognisable by the colour of the bubo. If the colour of the bubo is red it is of Raktha type ; Black-vatha type ; yellow-pitta type ; and white-kapha type. The reddish is the least fatal. The yellowish is about equally harmful. The bluish is more serious while the black kind is the most serious in its effects.

Predisposing causes.—The plague generally attacks those constitutions which are more congenial to it. Indigestion, over-feeding, fasting, irregular diet, uncleanness, constipation and general indisposition are the chief-predisposing causes. Late hours at night, too much sleep during the day and cold baths under certain special conditions are also served amongst the predisposing causes.

THE VARIETIES OF PLAGUE MAY BE CLASSIFIED AS FOLLOWS :—

The Varieties.—According to the European medical system the disease is divided generally into four varieties.

Pestis Minor.—In this variety the patient has a slight fever for a few days with swelling of the glands of the groin or other parts of the body and possibly suppuration. He may not be ill enough to seek medical-relief. These cases are found at the beginning and end of the epidemic and are of a very serious danger to the community, as the urine and faeces contain bacilli.

Bubonic plague.—The stage of invasion is characterised by headache, backache, stiffness of limbs, a feeling of anxiety and restlessness and great depression of spirits.

There is a steady rise in the fever until the evening of the third or fourth day, when there is a drop of two or three degrees. Then there is a secondary fever, the tongue becomes dry and brown, and collapse symptoms are apt to supervene; in very severe infections the patient may die at this stage.

There are glandular swellings or buboes. The swelling appears usually from the third or fourth day. Resolution may occur or there may be suppuration or in rare cases gangrene may take place; suppuration is a favourable feature. Patechae very commonly show themselves and may be very extensive.

Septicaemic Plague.—The most rapid form of plague in which the patient succumbs in three or four days on account of virulent infection, before the buboes appear. Haemorrhages are common.

Pneumonic Plague.—This kind presents the features of pneumonia and the sputum contains the bacilli. The fever is high, the respirations rapid, and the pneumonia is chiefly lobular.

Dr. Frazer divides as follows.—“Adopting, therefore, as a fundamental basis of classification that of the degree of severity of the disease, and giving effect in this classification to the most formidable and conspicuous of the variations in its manifestations, the following types may for convenience be recognised, viz:—

1. *Pestis Minor*, the mild or phantom plague, including the abortive, a typical and so-called ambulatory forms.

2. *Pestis Major*.—The disease presents in its most usual full development, the standard type having many general and local symptoms, and especially glandular enlargements, elevation of temperature and great prostration; always a virulent affection, and occasionally so much so that death is caused before all of the usual manifestations of the type have had an opportunity of being produced, as in the so-called Septicaemic plague or Pesticæmia.

3. *Pestis Pneumonica*, resembling in many respects the more severe form of the second group, but specially characterised by the early appearance of inflammation of the lungs.

In India *pestis minor* and *major* are often grouped together as *Bubonic Plague*, and *septicæmic* and *pneumonic plague* considered as a second and third group respectively".

Differential Diagnosis according to Indian System :—

"Visarpam"

Nidanam :—

"Lavanamla katushnadi samseva doshakopathaha Visarpassapthadagneya sarvathaha parisarpanath." By taking excessive quantities of salt, sour and hot diet, the Doshas get visciated and seven varieties of Visarpa Roga appears. Because this Roga spreads all through the body it is named as "Visarpam".

Raktham Leseeka thwagmamasam dushyam doshasthrays malaha Visarpavam samuthpathan Vignaoya Saptha dhathavaha. Because Raktha, Rasa Thwak, Mamsa, Vatha, Pitha, and Kapha get visciated, visarparoga invades all the sapthadhatus. (Madhava Nidanam).

Pithavisarpam—

Pithamushnopacharena Vidanyamaladi bhischitham, Dushyan samdushya dhamaneehi purayanavai visarpathi. By having ushnopachaaram, taking excessive quantities of amlarasa, and virudhakara aharam pitha gets prakopavastha and visciates Rakthadi dushyams, fills up the Dhamanees and thus causes pitha Visarpa rogam. (Charaka Chikitsa).

Lakshanama—

Pithathpitha jwara yasya chituram dhurutha gathisthadha. Having all the symptoms of pithadhathu will be very rapid in Pithavisarpam. (Basavarajeeyam)

Charaka describes Pithavisarpa Lakshnam as follows :

Thasyarupani — jwarasthrushna Murcha Moha chardhira-rochakogna bhedhana, Swedothri muthra manthardaha pralapaha Shirorukhakshushorakulathva, Maswapnamara-thirbhramaha—Shithavathavarirupadarshanam yasminscharakse, Visarponupasarpathi sovakasasthamraharitha hardra milakrishna rakthanam, varnavamanyathamah pushyathi sothsedaischathi Mathram daha sambhedasa pareethaihi spotakairupacheeyathe Thulyavarna sravairachirapakas

chabhavathi, Nidanokthanyasyanopaserathe, Vipareethani chopaseratha Ethhi pitha Visarpathana.

Jwaram, daaha, Murcha, Moham, Vanthi, Arochakam, pains all over the body, perspiration, Thapam all over the body, Praleparam, Sirobedha. Giddiness, sleeplessness, having no liking to anything, bhrama, liking to take very cold water and air, urine and faeces gets thick greenish or yellowish colour. All things appear like yellow or green colour. The effected surface colour will be of either red, green, yellow or blue colour are all the general symptoms for Pithavisarparoga.

Boils which are suceptable to early ripening, with excessive burning sensation, breaking down pain, having fluid inside will be found all over the body. By taking such diets that is stated to be censative factors in causing the disease, the symptoms get more serious, and by taking things that are of vipareetha Lakshnam, the symptoms get lessened. Thus pithavisarpa Lakshman is described by charaka.

Agnivisarparam.

Nidanam—

Vathapitham prakupithamathi mathram swahethubhihi Parasparam labdha balam dahathgathram visarpathi of their own reasons, tridoshas get prakopavasta, and strengthening each other, they cause excessive thapam resulting in Agnivisarparam. (Charaka)

Lakshnam—

Thadupathapadathuraha sarvasareera Magnarairaker-yamanam manyathe,

Chardyatheesara murcha daha moha jwara thamakaro-chakasthi sandhi bheda thrushnavipakagna bhedadhi bishabhibhuyathe

Yem yem bhavakasam visarponupasarpathi Sovakasaha santhagnara prakasathi rakthova bhavathyagni dagha prokaraischaspothairupachiyathe

Sasighra gathwadha sweva marmanusaree bhavathi,

Marmani chopathapthe pavanothi balo bhivathya gnayathi muthram pramohayathi samgnam

Hikka swasa janayethi nasayathi nidram, sa Nashta Nidhraba pramudha samgnothyadhitha chetha Na kruchana sukhampalabhathe,

Arathipareethaha sthanadasanath sayyam kramthu-
 mischphi klishtabhooyishta schasu Nidram
 labhathe duksha prabodhaschabhavathe
 Thamevam vidha magni visarpapareetham chikischa-
 yam vidhyath.

Due to thapam in Agnivisarpam, rogi feels as if some burning charcoal is placed over his body. Vomitting, Murcha, Thapam, Moham, Jwaram, Agnanam, Arochakam, excessive pains in the joints and bones, Thirst, Indigestion, pains all over the body are the main symptoms of Agnivisarparogam. The effected parts will either be red or black as cooled charcoal. Boils as that of in burns will be seen. The nature of the disease is to spread early and invade Hridayam and other Marma sthanas. The Thapa in the Marmas, strengthens the vathabalam, and causes excessive breaking pains of the extremities, gnanaheenam, hiccoughs, shwasa, loss of sleep etc. The rogi will have no inclination to attend to any work and always likes to be attached to his bed only, due to restlessness; he will be having very disturbed sleep. This roga is to be considered as 'Asadhyam'. (Charaka).

N.B. :—Before beginning any regular treatment it is essential to make out the correct diagnosis of Agnirohini (Plague) differentiating it from that of pitha visarpam, and Agnivisarpam taking their Nidana, and lakshanams into consideration.

(Continued).

BRIEF NOTES ON THE HISTORY OF AYURVEDA

By : BHAGAVAD DATTA, B.A.

1. The Asvins

Great injustice has been done to ancient Indian History by calling its great persons as "mythological". This is in reality due to an imperfect knowledge of the so-called "scientific" historians of today. Two great personalities of ancient Indian history, who are regarded as mythical, were the Asvins, the greatest medical authorities of the whole world. We propose to write their account in the following :

PARENTAGE

Kasyapa Prajaapati was a great sage. He was the seer of many Vedic hymns, and the father of the Daityas, the Daanavas and the Devās or Aadityas. They were the sons of Diti, Danu and Aditi

respectively, the well-known daughters of Daksha Prajaapati. Dionysius (Daanavaasura) and Hercules (Sur-Kulisha or Vishnu) two oft-repeated figures of ancient Greek works were the leaders of the Daanavas and the Devas.

Devas or Aadityas were twelve in number. Herodotus (assigned date, circa 500 B.C.) writes :—"Hercules is one of the gods of the second order, who are known as the twelve." Three well-known among them were Vivasvaana, Indra and Vishnu. Vivasvaana (Vivaghvanta of the Iranians) had four sons. Manu, Yama (Yim of the Parsis) and the two Asvins. Manu became the King of India and Yama of Iran, and the two twin Asvins took to the profession of medicine. They learnt this science from their maternal grandfather, Daksha Prjapati.

THEIR TIME

Vivasvaana and his sons lived a little before the Treta age, *i.e.*, in circa 9000 B.C. To a modern historian, who is bred up in self-coined dates of ancient history, this will appear to be an incredulous date, for a right understanding of facts, correct dates are extremely essential, and the date given by us is supported by traditional records of unbroken link of authentic works.

LONG-LIVED ASVINS

According to ancient history ordinary men enjoyed a life of one hundred years or more, but not more than four hundred years. Contrary to it the Devas and the Rishis lived for a thousand years or even more. The Devas enjoyed this privilege on account of the nectar which they drank. The history of this nectar will be related in some future number of this journal. Keen scholars will then attest to its truth. We also at first regarded it as untrue, but later researches have amply proved it. The Rishis enjoyed a long life, a life of a thousand years or more, on account of their penance, meditation and the use of extraordinary rasaayanas. A man who professes to know the science of medicine should himself be able to live for a long number of years. Otherwise who is going to have faith in him? Modern medical science, half scientific and imperfect as it is, shall have to turn its attention to the secrets of life given by Brahmaa himself, the promulgator of their race.

These secrets were known to the Asvins, and they lived for over a thousand years, a marvel to us modern people but an ordinary matter to the people who lived in those days.

HISTORY OF AYUREDA

PERSONALITY

As regards their personality, it is said that they had a lustrous forehead. (Ash, Hridaya, Chikitsa, VII, 54) According to the Mahabharat they were very beautiful.¹

ASVINI KUMAARA SAMAITAA

The Asvins wrote a big treatise on medicine. The original is lost now, but quotations from it are to be found in medical works of India. I found a few leaves of a work of this name in the hills of Kangra, but it cannot be said with certainty whether it was a part of the original work. Future researches might unearth this ancient-most work. Girindranath Mukhopadhyaya cites five more works of the Asvins in his history of Indian medicine, Vol. 1 pp. 146-148.

HERB CULTIVATION

Central Asia, through which flows the Oxus or the Vakshu of the earlier Sanskrit literature, with Caspian sea on its western side, was the chief abode of the Daityas, Daanavas, Devas and Maanavas or men, the children of Manu. Caspian sea is the ancient Kshira or the Kshiroda Saagara. This identification has been proposed by Nandoo Lal Dey, author of the geographical dictionary of Ancient India. The identification is correct and the name of Nandoo Lal Dey will always be remembered with respect by future writers on ancient Indian History. In those early days, it is related, there were certain hills round this Caspian sea, and one was named Chandra which should be identified by future researchers. It abounded in all types of herbs and the Asvins also cultivated herbs on this hill.²

CURES, WORKED BY THE ASVINS

In the Vedic mantras there occurs the word 'Asvin' in many places, but it has a different meaning, and has nothing to do with historical Asvins. The Braahmana works on the other hand abound in the praise of the cures of the Asvins, and they talk of these historical personages. A few instances of the cures worked by the Asvins are related here :—

1. There was a King in the Western part of India, in the Gujerat Province. He had a daughter Sukanyaa by name. She was married to Chyavana, a great sage. Chyavana was an old man, but his youth was restored by the Asvins. Chyavana lived a very long life, and a well-known Ayurvedic medicine still goes after his name.³

1. Sabhaparva, Poona ed. Appendix I P. 392, line 262.

2. Vaaya Puraana, 49'7.

2. Svetaketu, the son of Aruna was cured of his leprosy by the Asvins.

3. Brahmaa's head was cut off by somebody, but was joined immediately by the Asvins and the wound was healed.³

THEIR DISCIPLE

Indra, their uncle, became their disciple. He learnt the whole medical science from them, and taught it in succession to the Rishis : Atri, Bhardvaaja, Bhrigu and others.

It is recorded by Hemaadri, on the basis of some ancient authority that the Asvins prepared a special auspicious collyrium for Indra, before Indra went to war with Vritra (Com. on Ash. Hridaya, Sutra, VII. 26).

A note on Indra, as a historical writer on Ayurveda will follow next.

The Ayurvedic Interpretation of Medicine

By DHARM DUTTA Sidhant-Alankar, *Ayurveda Bhushan, Kankhal (U.P.)*

Regarding the etiology of disorders of 'Vayu' or 'Vayu Rogas' the general principle is that when Vayu or innate energy of an organ grows weak, it, instead of withstanding, reacts violently against the ill-effects of the invading poisons. This reaction or 'Prakopa' may be in the form of some abnormal sensation.

ASTHMA (SHWAS ROGA)

For instance, when the weakness of Vayu lies, specially, in the bronchial tubes they react violently and enter into a state of spasm, when ever, a poison to which the tubes have grown sensitive gets into circulation, or whenever there is some irritation in the nose or stomach acting reflexly on them. Thus it is the 'Prakopa' of 'Vayu' that sets up a fit of spasm in the tubes. During the fit calibre of the tubes remains constricted. Hence dyspnoea or difficulty in expiration constituting an attack of asthma results. This 'Prakopa' of Vayu serves the body in as much as it being a violent reaction oxidises the poison speedily and thus brings about the end of the attack.

3. Charaka Sambita chikitsasthana, I 42.

EPILEPSY—(APASMAR) —

In the same way, when the vitality or 'Vayu' normally present in the vessels of the brain has grown weak, the vessels react violently, whenever an abnormal dose of some metabolite enters into the circulation and thus a state of spasm of constriction is set up in them, leading to more or less complete anæmia of the brain. This brings about an attack of unconsciousness attended with convulsions, otherwise called a fit of Epilepsy. This 'Prakop' of 'Vayu' serves the body in as much as the violent convulsions expedite the oxidation of the poisonous substances and bring the spasm to an end.

URTICARIA (SHITA PITTA)

When the weakness of the Vayu, inborn or acquired is present in the skin, the Vasomotor power or tone of the cutaneous vessels is below par, and hence under the influence of poisons, metabolic or bacterial, local dilatation takes place in them leading to flushing and swelling of the adjacent skin. These white swellings are called urticarial rashes and indicate the want of tone in the cutaneous vessels.

SHOCK (ANGA SHETYA)

When there is general weakness in the blood vessels, some times under the influence of some poison or some mental or physical injury or heat or exhaustion, a sudden but transient failure of tone and blood pressure takes place in the circulatory system, constituting the condition called shock or collapse leading to prostration and transient loss of consciousness called syncope. This is due to asthenia or extreme debility of Vayu (Hinavayu). But soon the Vayu of the blood-vessels reacts and this transient attack of coldness is followed by slight pyrexia.

ASTHENIC FEVER (VATIC FEVER)

The Vayu or tone of the blood-vessels has a specific capacity to resist changes of external temperature and to regulate it by constricting the cutaneous vessels in the cold environment and by dilating them in the hot surroundings, so that loss of heat decreases in cold and increases in hot atmosphere, automatically. Owing to weakness of 'Vayu' when this vasomotor power becomes weak, it reacts intensely against cold making the extremities pale and blood less, or dilates the cutaneous vessels too much in summer so that hands and feet become hot. In old age or in person who are deficient in the innate energy of Vayu this mechanism of heat regulation sometimes fails. So that the temperature of the body is raised when

it is exposed to severe heat, or its loss of heat is increased when it is exposed to severe cold, rendering the body liable to infection of Cold, Pneumonia etc. This type of fever that is caused by the weakness of heat-regulation-power is called 'Vatic fever' a fever caused by the derangement of 'Vayu'.

EDROPSY DUE TO DISORDERED VAYU (VATIC DROPSY)

When from malnutrition or from the continuous ill-effect of the poison circulating in the blood the vessels undergo a certain amount of degeneration or their endothelium gets damaged they become more permeable and exude more lymph in to the tissues; creating the condition called dropsy. This type of dropsy caused by the degenerative changes or defective vasomotor system in the blood vessels is called in 'Ayurveda' the dropsy caused by derangement of 'Vayu'.

ANÆMIA DUE TO DISORDERED VAYU (VATIC ANÆMIA)

When erythropoiesis or the normal process of the formation or regeneration of the red-blood-cells is depressed from malnutrition or deficient diet, or premature old age, or from degenerative, or atrophic changes taking place in the stomach, liver, intestines and bonemarrow as happens under the long continued effect of various poisons, the resultant blood-lessness is called in 'Ayurveda' as the anæmia caused by the derangement of Vayu.

LOWERED RESISTANCE (OJAS KSHAYA)

When the bodily resisting power, particularly exhibited by the phagocytic leucocytes or by the fixed endothelial cells of the hepatic, capillaries, splenic sinuses etc., or by the bodily fluids in the form of their bactericidal substance or antibodies or antitoxins against the harmful effects of the invading bacteria or toxins becomes enfeebled from over exercise, worry, loss of vital fluids, fear, mental shock, injury, deficient diet, the resulting condition is called in 'Ayurveda' Ojas Kshaya and is believed to be brought about by such factors as reduce the vital energy of the body.

OBESITY (MEDO VRIDHIA)

When the vitality of the tissues is lowered due to damage done to them by the poison arising from imperfect metabolism of carbohydrates of hydrocarbons, they become incompetent to utilise fats brought by lymph and blood, and thus free fat as such accumulates in the usual storage areas as well as in unusual places. The condition is called obesity and according to 'Ayurveda' is brought about by

derangement of 'Vayu'. When lowering of vitality exceeds normal limits oxidation or utilisation of fats decreases in the blood and it appears in the urine also causing the disease 'Vasameha' or Ketonuria or lipuria.

DIABETES (MADHUMEHA)

The bodily tissues when full of vitality are capable of storing sugar as glycogen and to convert and utilise it as glucose during muscular work. But sometimes when the vitality of the tissues is congenitally weak or is weakened under the effect of some metabolic poison this capability of utilising carbohydrates is reduced, with the results that hyperglycemia glycosuria follows. In this condition when already the vitality of the tissues is below normal they are rendered susceptible to pyococcal infection and other forms of injuries, and resulting ulcers and boils are called 'Vata Vranas' or 'Vata Pidi-kaas' or ulcers and boils caused by the derangement of Vayu.

GOUT :—(VAAT RAKTA)

So long as the tissues are endowed with the natural vitality they are capable of transforming the food materials and absorbing them in to their own substances. When due to old age, exhaustion, worry, mental or physical fatigue or chill, this vitality gets impaired they are rendered incapable of fulfilling this task. Thus in case the nitrogenous or purin-containing foods are taken in excess, they are neither properly metabolised nor are they fully utilised in the body with the result that uric and acid-sodium-urate are produced in excess, and when blood is surcharged with them they are deposited in the particular cartilages, ligament of joints, tendons etc., in the form of acid-sodium-urate. This gouty condition is brought about by the lowering of the vitality of the tissues or derangement of Vayu hence in 'Ayurveda', is called 'Vaata-Rakta', meaning the disease in which blood gets vitiated on account of the feebleness of the tissues.

RHEUMATISM :—(AAMA VAAT).

When the vitality of tissues is already impaired and the rich carbohydrate foods made of sugar and fat are over-eaten, they are not properly transformed and utilised in the body with the result that some products of impaired metabolism and of acidic nature get accumulated in the body. These metabolites 'Aama' in Ayurved act as poison on the fibrous tissues and cause fibrositis or Rheumatism. This disease in 'Ayurveda' is called 'Aama-Vaat' meaning the derangement of Vayu brought about by 'Aama' or metabolites which result from the lowering

of the bodily vitality. These gouty and rheumatic pains can be eradicated if vitality of the body is increased and over eating or dietatic errors are dispensed with.

DISEASES OF STOMACH DUE TO THE DERANGEMENT OF VAYU

Persons whose vitality of the stomach is especially, lowered and hence are said to have Hyposthenic-gastric-diathesis are liable to develop some gastric disorders, attributed in 'Ayurveda' to the derangement of 'Vayu'. Under condition of stress and strain or in great despondency caused by failure in wordly pursuits or love affairs or in other psychological difficulties such people lose their appetite altogether or become victims of Anorexia, Nervosa and suffer from nervous dyspepsia in which their digestion becomes extremely irregular, becoming very weak one day and comparatively well the next. In women with the hyposthenic-gastric-diathesis if the brain also is excitable they some times vomit under emotion of fear or disgust and this symptom of vomiting occurs again and again when-ever some thing revives the memory of this incident which in some occasion caused it. Such a vomiting is called 'Manas' or hysterical vomiting.

THE DISEASES OF THE INTESTINE DUE TO DISORDER OF VAYU :

INTESTINAL COLIC : (VAAT SHOOLA)

When the tone of the stomach is congenitally low achlorhydria also is generally present. Consequently after meals the stomach remains dilated for a longer time than usual. Such persons cannot take food in excess, if they do so they suffer from slight pain or discomfort or distension lasting for sometime, immediately after meals. This slight dilatation of stomach is common in those who are asthenic by nature.

The want of tone in the intestines renders them irritable when-ever some unsuitable food is taken or some irritative substance or gas is formed within. This gives rise to the exaggerated reflexes, which in turn, produce powerful spasm, resulting in intestinal colic. (Vat Shool).

NERVOUS DIARRHŒA : (VATAATISAR)

The natural neuromuscular tone of the intestines withstands all reflexes and the shocks received by the nervous system. But when this tone falls, intestines become more-excitabile and their reflexes grow active. Hence under conditions of emotion, fright or nervousness some people evacuate formed stools frequently. This in 'Ayurveda' is called diarrhoea caused by Vayu-derangement (Vataatisara).

CONSTIPATION : (MAL BANDH)

In the same way, when the vayu or natural tone of the rectum and lower part of the intestines is deficient, and in addition to it one neglected to respond to the call to defeacate, the reflexes on which the act of defeacation depends, grow weaker and weaker. In this condition faeces accumulate in the rectum and still the call to defeacate does not arise, with the result that the rectum gets dilated and its tone gets still weaker. This state when the vayu of the rectum is so incompetent that it cannot evacuate the bowels properly, is called constipation (Mal Bandh).

Ayurveda made Easy

By SHRI GURU DUTTA, M. SC., *Vaidyabhaskar 90/23 C. Circus,*
New Delhi.

Life in Action.

We have described in the chapter of life, how life has sprung up and what are its distinctive features. It has been tried to explain that Saatwik Ahankar a form of the Primal substance, on account of the unbalanced state of Gunas, is the cause of life. Although the modern science does not recognize the presence of this Ahankara, yet whatever it recognizes, is a fare corroboration of the findings of Shastras. We have stated that as the investigations of the modern science are only confined to inanimate objects, these could not lead the science to the basic substance of life.

What looks like a miracle is that the old Rishees, without the help of elaborate laboratory equipments, could find out such exact and correct facts, which the finest possible instruments of modern age are just giving a peep into. It is stated in Yoga Darshana that human mind is a very fine instrument. One who knows how to use it can find out that truth which often baffles the scrutiny of finest instruments. Even instruments, without the application of disciplined mind, will lead us nowhere. Thus, cultivated human mind (Sidhdha manah) appears to have compensated the absence of scientific equipment.

Having seen the birth of life, it is proper, now, that we must look to its maintenance. Life is composed of body, which itself is composed of five Bhutas, senses, mind and soul. Among these, mind

and senses are the seat of animation. Soul is considered to be the master of body, etc.

Charaka described it in this way.

शरीरेन्द्रिय सत्त्वात्म संयोगो धारि जीवितम् ।

Such a combination of body, mind and soul is called a living organisms. Mind of course, includes the senses. So long this combination persists the organism lives.

For it Charaka writes in this way.

सर्वदा सर्व भावानाम् सामान्यं वृद्धिकारणम् ।

हास हेतुर्विशेषश्च प्रवृत्तिरुभयस्य तु ॥ च० १-४४

Where all the ingredients of the living organism remain in balance life advances, i. e. it goes on and when the ingredients get in exceptional state (Visheshawastha) i. e. in unbalanced condition, disintegration begins.

This idea is further explained by Charaka as follows :—

सत्त्वामात्मा शरीरं च त्रयमेतान्निदण्डवत्

लोकस्तिष्ठति संयोगात्तत्र सर्वप्रतिष्ठितम्

सपुमांश्चेतनं तच्च तच्चाधिकरण स्मृतम्

वेदस्यास्य, तदर्थं हि वेदोऽयं संप्रकाशितः । च० १-४६-४७

Mind (including senses), soul and body are like the three legs of a tripod. These three in balanced state keep the living organism in working condition. Such an organism has got birth, death and life, this is the living entity, the life and the subject of discourse in Ayurveda, the science of life.

In this way these three are to be kept in combination. How can this be done, is the subject matter of Ayurveda.

Life as we see on the earth, is in so varied forms, that the enumeration of them is an utter impossibility. Yet, it is not very difficult to study them, as life, every where, is governed by the same laws. Let us take life in its most simple form. Amaeba is the simplest living thing on the face of the earth. It is, if we speak in the terms of modern science, a unicellular animal. An animal like dog, cat or man is composed of billions of cells and Amaeba has got only one such cell. One can understand from this, the difference between Amaeba and man. Yet this simple animal has got all the three elements in combination, just in the same way as a dog, a cat or even a man has got. It has got body, mind and soul. Its body is composed of five Bhūtas,

MADE EASY

Akaash, Vayu, Agni, Jal, and Prithivi, inspite of the fact that this animal is so tiny, that it can only be seen under a microscope. In other words, we can also say that like the body of bigger animals, this tiny speck has got a material body. The body of an Amæba, *i. e.* its cell is composed of cell wall, a mass of protoplasm and a nuclear granule. These have definite chemical composition.

Then, this animal, like any other big animal, has got mind and senses. This can be proved by the fact that it can move in any direction, assimilate food and can shrink and move away from where it feels danger for itself. The most wonderful thing, that is seen in this animal, is that like all other animals, this also procreate, *i. e.* reproduces itself into many of its kind. These so to say, children of one, remain clinging to one another, forming a sort of mass of several unicellular animals, like a family of men living to-gather. A queer thing that is seen, is that in certain masses of these animals certain cells do specific jobs—take food—or row the body here and there by lashing hair.

Some of these elementary entities make homes, exquisite in design and bewildering in variety, of silica or carbonate of lime. They row themselves about feeding on minute plants as bizarre as themselves, and rioting for an hour or two, seldom more than a few days, beget their kind by division, and to-gather with their homes, sink to the water bed and there to form, eventually, the rock. We can say that after giving birth to their children die and bury themselves on the bed of the water.

All this shows that these tiny specks of animals, about 1/500 of an inch in size possess all the sensitivity of bigger animals, proving, thereby, the existence of mind and senses in them.

The presence of soul, of course, can be proved by the same argument in this and all other animals, by which it can be proved in man.

In this way, we come to the conclusion, that life stands upon the tripod of body, mind and soul and this combination is to be kept in order to keep the life going.

Ayurveda, *i. e.* the science of life, therefore, is to understand body, mind and senses and the soul, and is to find means and ways to keep them in order and in combination.

The body as has been stated above, is composed of Panch Bhutas. It can also be said that it can be composed of certain chemical substances. Thus, the body that has to remain in combination with the other two factors must itself be properly constituted.

Manifestation of mind and senses is appreciated by the action the living organism performs.

प्रयत्नादि कर्मचेष्टितमुच्यते । च० १-४६

Efforts or activities of the different parts of the body are called action.

It is also described as

संयोगेच वियोगेच कारणं द्रव्यमाश्रितं ।

कृत्येव्यस्य क्रिया कर्म कर्म नान्यदपेक्षते ॥ च० १-५२

Action must reside in some substance (Dravya) and it can be of (Samyogi) bringing things to-gether or of (Viyogi) splitting things as under. An action is not, necessarily dependent on or entangled with any other thing. Just as a substance must possess its properties and properties cannot be without the substances, so interdependence between the substance and the 'Karma' is not essential. An action does reside in a substance, but it is not that the action must take place wherever there is substance.

It shows that mind is not the brain substance (yellow or white) matter in the skull. Similarly senses are not the thread like nerves that are the instruments in the action of the body. These things are the seat of karmas or the agency for karmas, i.e., mind and senses. Mind and senses impell the brain and the nerves to work in the body.

Soul, as it is considered by the Adwaitwadees, is an independent and eternal entity, which is the master of the body and mind. An action brings results and soul is the entity responsible for the good or bad results of actions. It is true that the presence of soul, if it is accepted, is merely by induction from certain observations. It cannot be proved by material facts. Yet it is not easy to understand and explain many things connected with living organism, if we ignore the existence of soul in it.

However, one thing is certain that ego, present in the animals indicates the existence of a certain entity that outlives the body. So far Ayurveda is concerned, animation is ascribed to the presence of senses. Charaka links the animation with senses by saying.

सेन्द्रियं चेतनं द्रव्यं निरिन्द्रियमचेतनम् । च० १-४८

Substances (Dravya) that are concerned with a living organism are soul, mind, time and dimensions (Disha) and then substances in combination with senses are animate and without senses they are inanimate.

Mind and senses, both are concerned with the animation of a living organism. Distinction between the senses and mind can be made by understanding that senses receive impressions of things outside the body and convey them to the mind. Also, senses translate into action the conceived thing of the mind. Mind is concerned with receiving impressions, comparing them with previous experiences, the impressions of which are kept in memory and thus conceiving of ideas and plans which are ordered to the senses for translating them into action.

In Upanishadas the whole arrangement of living organism is described by comparing the body with a chariot to which senses are horses harnessed. Mind is the driver and the soul is the master of the chariot.

NOTES & NEWS

London, June 29.—It is now possible to place inside the beating human heart an instrument which examines the pumping mechanism in cases of weakness. This new miracle of modern surgery is expected to be among the medical advances to be described to British doctors at the annual meeting of the British Medical Association this week.

The apparatus is at the end of a tiny rubber tube. This is inserted into a vein in the arm and pushed along till it enters the heart. There it records the pressures in different chambers, enabling the surgeon to know which part is not working properly through a valvular disease or other causes.

When the surgeon knows exactly what is wrong, it is possible he can remedy the trouble through a delicate operation on the beating heart. By filling the head of the tube with a substance through which X-rays cannot pass it is possible to take a series of X-ray photographs to supplement the doctor's information.

The conference is also expected to hear of a new drug which relieves gastric ulcers by reducing the stomach's acidity.—Globe.

'HYDROGENATED OIL' TO REPLACE 'VANASPATI'.

By an order published in the *Gazette of India Extraordinary* the Government of India have made it obligatory on all factories manufacturing vegetable oil products to stop the use of the words "Vanaspati"

or "Vegetable Products" on the containers in which hydrogenated vegetable oil products are packed and sold from August 1, 1949.

The factories have further been asked that every container in which vegetable oil product is packed shall at the time of sale by the producer or any dealer bear the name of the producer and the words "Hydrogenated Groundnut Oil" or "Hydrogenated Groundnut and Cotton Seed Oil" or "Hydrogenated Groundnut and Cocoanut Oil" as the case may be, in English and the equivalent of the same in one or more Indian languages.

This has been done to remove all doubts about the ingredients used in the manufacture of hydrogenated vegetable oil products.

GOVERNMENT SHOULD PREVENT HYDROGENATION OF GHEE.

By "GO-SEWAK"

New Delhi, May 18—During the last session, the Food Minister told Parliament that the Government were investigating the merits and demerits of vegetable ghee. But the Government had in fact already completed the enquiry and the experts had declared that vegetable ghee was injurious to health. This result was exhibited to the public through cartoons at the Food and Cattle Exhibition held in 1947. The recent announcement of the Government is, therefore, misleading.

The Government have just published the report of the Indian Council of Agriculture Research for 1947-48 which states: "At the Indian Veterinary Research Institute, under the scheme to determine the nutritive value of vegetable ghee and vitamin A content of ghee, it was found that with vegetable ghee, there is 15 to 25 per cent. less absorption of carotena as compared with ghee. In another experiment, it was found that vegetable ghee lowered the absorption rate of calcium and phosphorous.

In order to determine the results of including vegetable ghee in the Indian diet, five per cent. of vegetable ghee was added to Bengali diet. That caused alopecia, loss in weight in about two months and slight paralysis, retention of urine and erophthalmia within four months, whereas no such symptoms were noticed in the group fed on ghee. There appeared to be no significant difference in the nutritive values of different types of vegetable ghee.

Research has thus proved that vegetable ghee does not have any nutritive value; rather, it causes various diseases. The Government should, therefore, take immediate step to prohibit its hydrogenation. The health of millions of people should not be risked for the benefit of a few.

NEW DRUG TO CURE T. B.

New York, June 29.—Hopes that a cure has at last been found for tuberculosis have been aroused in the U. S. A. by the results of the first tests of a new drug discovered by a brilliant U. S. research worker. It is derived from a mould found in the soil.

The tests so far made have been with animals. The cats and mice, who were given the drug, all resisted tuberculosis, although over half the number of animals not so treated died of the disease.

"Asked about the tests, Dr. Selam, the discoverer, said: "I am now confident that before long tuberculosis will be regarded as pneumonia is now."—Globe.

T. B. SANATORIUM NEAR LUCKNOW.

Naini Tal, June 8.—The U. P. will shortly have a first-class T. B. sanatorium fully equipped with modern scientific instruments at Jahangirabad, 20 miles from Lucknow. The proposed sanatorium will consist of 1,000 beds, said Mr. C. B. Gupta, U. P.'s Health Minister, addressing the Standing Health Committee yesterday.

The Committee reviewed the activities of the Health Department during the last four months and approved the scheme of the Government for starting a dental college in Lucknow from July next. The Committee also approved the opening of an Ayurvedic college under the auspices of Lucknow University and financed by the U. P. Government. It recommended the appointment of a committee of eminent practitioners of modern and indigenous systems of medicine to examine the possibility of a synthesis of Allopathic, Ayurvedic and Unani systems of medicine.

The Committee asked the Government to educate the people of the rural and urban areas on public health. It also suggested that the Government should provide facilities for both Allopathic and Ayurvedic treatments in the hospitals of the province.

B.C.G. AS ANTIDOTE TO T.B. NOT DEPENDABLE

Dr. S. Pattak, specialist in Tuberculosis writes:—We live amidst so-called infectious Bacteria and Bacilli and even inhale them daily. As a matter of fact living beings and bacteria and bacilli inhabit this world as so many inmates of the same family. Those who are devitalised due to various causes catch the infection and Bacilli and Bacteria do lodge in them and find a very comfortable habitat therein. So the infectious diseases as enumerated in our modern medicine can only attack those who are devitalised and predis-

posed to such infection. Those who have got their vitality intact do not fall a prey or victim to any infectious disease. The modern physicians would ascribe the cause of these non-attacks on vitalised people to the fact they have somehow developed immunity in them and therefore they remain healthy. If this immunity is really developed in persons full of vitality why then arises the necessity of inoculation and vaccination on these healthy people?

B. C. G. Vaccine, we learn, is only useful to those who will pass the Tuberculin test and would develop immunity in them only. Where is that proof? Even inspite of Bacilli or Bacteria overwhelming the world, these healthy people can remain healthy by their natural growth of immunisation in their body, then what is the necessity of B. C. G. Vaccine to further immunise them? If B. C. G. vaccine would claim immunisation in persons devitalised, scrofulous or with Tubercular diathesis, then and then only the vitality of this vaccine would be accepted.

We have read in papers that in every minute 5 persons are being carried away by T. B. in our country. What beneficial result would B. C. G. achieve by its inoculation? It would be like water in the plant by cutting it at its very root. The first and foremost necessity for combating and preventing T. B. in our country consists in the following items:—

(1) Removal of worries and anxieties by general economic securities and thereby mental equilibrium would be retained.

(2) Balanced diet composed of healthy growing wholesome vitaminous food and drinks.

(3) Better housing and removal of congestion and congregation in crowded cities and towns.

(4) Segregation of all affected cases in hospitals and efficient hospital treatment.

(5) State control of nuptial proposals and banning of marriage of unequal and unhealthy couples and thereby removing the hereditary cause of the disease.

So in my opinion it behoves the Government of our country to take up measures to remove the predisposing causes and exciting factors for incidence of inoculation of T. B. before advocating the cause of inoculation of B. C. G. in our Indian constitution which is more adapted an amenable to the medicinal indigenous drugs and herbs that

naturally grow in plenty in our Indian soil for amelioration of the suffering humanity. In this context may I not ask—is B. C. G. Vaccine capable of growing immunity against Tuberculosis?

In this connection I may refer to the views expressed by Dr. P. K. Sen, Chest Specialist, Medical College, Calcutta. In his address at the Rotary Club. His views about B. C. G. are so conflicting that none can depend on the utility of inoculation of B. C. G. as an immunity against attacks of T. B.

The following quotations will speak for themselves ;—

(i) "That this vaccination can diminish tuberculosis by four fifths, that is, by about 80 per cent".

(ii) "B. C. G. Vaccine". Dr. Sen added, "should be regarded as safe. Though there had been great doubts regarding this in the initial stage".

(iii) "The vast majority of the population in cities and industrial areas get infected in an infancy or childhood period of life. Such an infection is accidental and the dose of infection is beyond our control. After injection a small focus of disease appear in the lung. This focus and the glands, which are also involved heal in most cases. But where the dose of injection is massive the disease spreads and the child dies by blood dissimulation".

(iv) "Such a vaccination, therefore, causes no disease or death from primary infection and also protects the vaccinated person, though not completely from the danger of having the disease from subsequent infections".

(v) "In fact B. C. G. never was and would be a complete answer against Tuberculosis".

So from the above extracts made from the statements of Dr. Sen, it has been made sufficiently clear that B. C. G. vaccine cannot be regarded as a dependable remedy for immunising people against primary infection of T. B.

In this connection it may be mentioned that use of Penicillin and Streptomycin in indicated cases has been widely advocated but now grave doubts as to their efficacy have crossed the minds of modern physicians. In this manner medical theories which are being acclaimed to-day as very good, are thrown out and rejected the next day. So before we can accept the utility of B. C. G. inoculation, its efficacy should be thoroughly tested and tried.

INDIAN SYSTEMS OF MEDICINE—PRACTITIONERS TO BE REGISTERED

Registration of practitioners of Indian systems of medicine in Delhi will be controlled under Section 13 of the Punjab Medical Registration Act of 1916, according to which doctors living in Delhi can be registered without the Act being extended to Delhi Province. This was revealed at the meeting of the Advisory Council of the Chief Commissioner of Delhi yesterday.

A Bill to regulate the qualifications and to provide for the registration of practitioners of Indian systems of medicine in Delhi was drafted but in the meantime the East Punjab Legislature passed an Act on the subject and it was felt that it would be more convenient to ask for an extension of that Act to Delhi.

While this was under consideration, it was found that the East Punjab Act did not prescribe any residential qualifications. It is presumed that persons living in Delhi can be registered under this Act if they fulfil the necessary conditions. A confirmation has been sought to this effect from the East Punjab Government. If it is confirmed, Delhi will be saved from the expense and botheration of setting up an independent registration machinery.

HEALTH BOARD FOR U.P.

Lucknow, June 8—A provincial health board and a provincial health council are being constituted by the U. P. Government to replace the existing board of public health.

The board will formulate the health policy for the whole province, recommended grants for health schemes and sanitary works and advise the Government on matters of public health.

The Provincial Health Council will advise the Government on technical matters relating to the organization and functioning of health services.

The term of office of the chairman and members of the board and the Council will be three years.

(This news is not clear as to the position of Ayurvedic and Unani systems of medicine in this board. Will there be any representation of the said systems of medicine in this board? We draw the kind attention of the Health Ministry of U. P. for clarification.)

AYURVEDIC COLLEGE FOR C.P.

Nagpur, July 7—With a view to develop the Ayurvedic system of medicine on scientific lines, the C.P. Government proposes to open an Ayurvedic College, establish a depot for sale of genuine

herbs, to award scholarships to students for study of Ayurveda and to depute allopathic doctors for the study of the system and develop it scientifically. Nagpur University also proposes to establish a chair for Ayurveda.

APPOINTMENT OF 'VAIDYAS' AS MEDICAL OFFICERS URGED

Nainital, June 11—The Standing Committee for Public Health, which met here recently under the presidentship of Mr. C. B. Gupta, Health Minister, has recommended, among other things, higher emoluments for medical officers and staff serving in tuberculosis hospitals.

The Committee has expressed concern at the inadequacy of doctors and has suggested that to meet this shortage the Government should employ *vaidyas* who have obtained a degree of the Banaras Ayurvédic College.

The Director of Medical and Health Services, U. P., told the Committee that physical training by itself could not improve public health; nutritive food must be made available in both the rural and urban areas.

CULTIVATION OF MEDICINAL PLANTS—I.C.A.R. INVESTIGATION COMPLETE

A scientific investigation, extending over a period of 12 years, in Indian medicinal plants and food poisons which was started, under the auspices of the Indian Council of Agricultural Research in 1935, has now been completed. Col. R. N. Chopra, who conducted the investigation has submitted his report to the Council.

Publication of a monograph on poisonous plants in India, establishment of a herbarium of medicinal and poisonous plants, preparation of a list of Indian pharmacopoeia and providing impetus for the cultivation of medicinal plants are some of the tangible achievements arising out of the scheme. Besides, the results of the inquiry have also been of considerable assistance to the establishment of the Central Drug Research Laboratory at Lucknow.

The report says that the investigation has advanced the knowledge with regard to pharmacopoeial and allied drugs in India. A number of firms manufacturing drugs from Indian medicinal plants have come into existence and instead of depending on concentrated extracts from foreign countries, practically every kind of galencial powder extracts are now being manufactured in India from materials produced in the country.

Poisonous plants of which there are a large number in India and which are constant danger not only to animals but even to human

beings have been studied and unqualified practitioners of indigenous systems of medicine have been warned. Some food poisons such as *khesari dal* (*Lathyrus Sativas*), Indian millet (*Sorghum Vulgaris*), and *Sialkanta* seeds (*Argemone Maxicana*) which have been responsible for producing serious outbreaks of food poisoning among men and animals have been studied.

IMPROVING HYDERABAD'S HEALTH SERVICES

Hyderabad, June 19.—The Hyderabad Government, it is learnt, have under consideration a number of schemes for bringing up the medical and health services in the State "to a level of reasonable efficiency without involving the Government in undue expenditure."

A Committee of non-officials and departmental heads has been set up to report on the working of the *Ayurvedic* and *Unani* departments and the system of giving grants-in-aid to *Hakeems* and *Vaids* by the Government.

Proposals for the co-ordination and synthesis of the three different colleges and systems of medicine—*Allopathic*, *Unani* and *Ayurvedic*—are being examined by the Government.—P.T.I.

CORRESPONDENCE

W. H. O. & AYURVEDA

Sir,

It will be a matter of surprise to many of us in India that the Pakistan Government has allowed a representative of the Unani system of medicine to attend the World Health Organisation. Here in our country, we have a much better system of medicine that can give to the world something which might have brought a name to our country. I on personal enquiry have to come to know that Shri Ashutosh Majumdar wrote to W.H.O. for allowing the representative of the Ayurvedic system to attend the Conference there. The W.H.O. Office wrote back that the representative could go through the Government of India. Kaviraj Majumdar wrote the Health Department of the Government of India more than 3 months back and what to say of allowing the representative to go to W.H.O. even the courtesy of replying or acknowledging the letter has not been observed. It is a woeful tale that we are being so ignored and slighted by our own government in our country.—Yours etc.

New Delhi.

LAXMI NARAYAN SAHU,
M.C.A.

GANGA WATER

Sir, I read in your paper a few days ago the request of the Director General of Health Services, Government of India, to Mr. K. Parmeshwaram for references in regard to the efficacy of Ganga water. It will be of interest to all if the references, when obtained, are published. My father has related to me his experience of Ganga water. He and his uncle, who is a professor in an Agra college, once visited a town on the banks of the Ganga. Both were taken ill suffering from acute indigestion and repugnance for food. In spite of diarrhoea and vomiting, they took long walks along the banks of the Ganga and took at frequent intervals large quantities of sweet, cold Ganga water. After a few hours of this treatment they were normal again and developed appetite. Both have now such faith in the curative properties of the Ganga water that they call it *Vaid Ganga Prasad*.—Yours, etc.,

Gangapur.

Miss NIROOPMA LALL.

GANGA WATER.

New Delhi.—Sir, Some time ago Miss Niroopma Lall wrote that her father and uncle once suffered from diarrhoea and vomiting and were cured by drinking Ganga water. In this connection I would like to say there have been many similar experiences. *Vaidyak Shastra* itself says that Ganga water possesses curative substances. Germs of cholera dropped in Ganga Water by an American expert, at Banaras, were found to his astonishment, dead after six hours! There have been many other experiments of the kind which have shown that Ganga water has medicinal properties. But now the condition of water of the Ganga has changed because in these days innumerable *ganda nalas*, some as big as canals, taking refuse from cities in their course, fall in this river. Don't they make any difference? Unless these *ganda nalas* are prevented from falling into the Ganga, any experiment made would not be useful.—Yours, etc.,
New Delhi.

SATYAWATI.

(The misfortune of our country is that our D.G. of Health Services probably does not know the things which an ordinary Indian villager knows fully well. From times immemorial the Ganges water is being stocked by Hindus in their homes for years. This stocked water never gets putrified as the water of any other river would get so within a week. This simple thing shows that there are certain elements in the water which are antibacterial. Modern science should have detected this mystery long ago if our Director of Health had even an iota of know-

ledge of things in India. We think that it is the duty of Ayurvedic Congress to collect facts about ganges water and present it to the public and the Health Ministry in a tabulated form. Mg. Ed.).

MEDICAL MISSION

Sir,—It was reported a few days ago that a medical mission headed by Dr. R. C. Shukla of King George's Medical College, Lucknow, and sponsored by Lucknow University, is now in Kashmir to give medical relief to ransacked areas. The U. P. Government has donated drugs with Rs. 37,000 as a gesture of goodwill. Dr. Shukla has before this assignment been rendering help to villagers in the neighbourhood of Lucknow. Other Universities, which have medical colleges, should also send such medical missions to Kashmir so that the work there could be speedily finished. The public also should give monetary and other help in this humanitarian task.—Yours, etc.

K. N. SRIVASTAVA.

(Why the All India Ayurvedic Congress with its adequate fund and band of experience Ayurvedic Physicians is not sending medical mission to such places for the relief of the suffering peoples is a mystery to us. Apart from the above it should do something atleast to prove its existence. We hope the All India Ayurvedic Congress will get up from its slumber and organise medical missions immediately. Mg. Ed.)

DON'T BLAME VANASPATI.

Delhi.—Sir, I read the Letter published some time ago from Dr. R. P. Mishra in H. Times criticising the use of Vanaspati. Unfortunately many people have made Vanaspati a scapegoat, blaming it for the consequence of their irregular, ill-balanced and deficient food. The eye defects and bowel disorders which Dr. Mishra has mentioned are supposed to be due to lack of Vitamin A in Vanaspati. But even pure ghee is not the best source of this vitamins, and this vitamin cannot be a guarantee against such diseases if the diet is not otherwise well balanced and adequate. The chief sources of Vitamin A are milk, eggs, green leafy vegetables, glandular meat and Halibutliver oil. With these if one uses Vanaspati there will be no danger of avitaminosis. Instead of banning production of Vanaspati, therefore, production of pure ghee and *khoya* should be banned; let everybody use Vanaspati for cooking, so that milk (the best source of Vitamin A) will be cheap and available in plenty so that everybody can afford it.—Yours, etc.,

DR. P. RAJ MONGA.

(We would like to draw the attention of Dr. Monga to the statements and notification of the Government regarding hydrogenation of ghee and oil shall be glad if Dr. Monga kindly send us his considered opinion after reading the whole comminiqué. Mg Ed.)

REVIEW

1. "A text book of Ayurveda" (Ayurveda Siksha).

Vol. VI Section II. The practice of medicine (fever) pp. 277.

Edited by DR. A. LAXMIPATHI, B.A., M.B., C.M., Bhishagratna.

In this section the learned author has dealt with fevers. The subject is too exhaustive and is practically impossible to deal the whole of it in detail within the span of 277 pages. The author therefore has included in this volume of the book only the very common type of fevers, elaborately. The usefulness of this book lies in the fact that the author has given comparative study with an emphasis on the Ayurvedic methods of the diseases. Treatment of diseases given in the book is exclusively according to the Ayurvedic system. The book we hope will prove a great help to those who have studied the science of medicine according to Allopathic system but want to treat the patients on the line of Ayurveda. Vaidyas also can derive benefit from this book by having a comparative study of the diseases. Dr. Laxmipathy is doing a great service to the Ayurveda by publishing a series of books on the subject at a great risk. We expect that the lover of Ayurveda will encourage him in his enterprise.

2. "The Harbingers of Future Medicine"

By Dr. P. M. MEHTA, M.D.M.S., F.C.P.S., pp. 56. Price Re. 1/-.

The idea of the writer in writing this book is that the advancement in science is taking the scientist to realize the truth told by the old Pandits of Ayurveda. After roaming through a jungle of ignorance the scientist has started appreciating the value of work done by old Ayurvedic physician. Dr. Mehta and some of his colleagues are advocating that the future of medical science like all other sciences is sure to become a universal thing, one for the whole world with the abolition of warring 'pathies'. He says: "We aspire to build up one system, one philosophy and one practice of medicine."

This idea in this book is well agreed and substantiated by facts. The book is worth reading by those who look with contempt, all that was in old time.

3. "Five years Plan for Ayurvedic Development"

Published by Sri Vijayakali Bhattacharya, 170 Bowbazar Street, Calcutta 12. pp. 17 Re. 0/8/0.

In the view of the author the present Ayurvedic education that is prevalent is not in any way doing real service to the science of Ayurveda. The institution that have sprung up in the country in the last 25 years have presented a distorted view of Ayurveda before the students who instead of gaining in faith in Ayurveda have become sceptic of its efficiency.

The author thinks that in order to understand Ayurveda thoroughly the whole of it has to be taught and then only, Ayurveda even if assimilated in Allopathy will be of use to the progress of science and humanity.

Sri Vijayakali Bhattacharya has presented a scheme for renovating Ayurveda within 5 years. We wish that some learned people of Ayurveda should sit together and consider the scheme in detail.

4. "Ayurvedeeya Aushadhi Samshodhan" (Marathi).

By Vaidya P. V. Dhamankar, Ayurveda Bhushan.

Vaidyak Grantha Bhandar, Nasik. pp. 46. Price Re. 1/-.

The learned author has described the ways and means to improve and standardise the Ayurvedic medicines according to the scientific methods, keeping in view the principles of Ayurveda. The attention of Ayurvedic Pharmacies is drawn towards this book. We are sure that they will make use of it.

5. "An Ayurveda Bhibhageeya Vishwayojana (Hindi)"

By Vaidyraj Pt. Kalushankar Chaturbedi.

Published by Shree Pratap Ayurvedic Research Institute, Amalner (E. K.) pp. 20.

The author appears to have taken great pains in preparing the scheme but the test of the pie is in the eating of it and so the practicability of the scheme can only be judged when it is operated upon. However we appreciate the attempt and the amount of thought devoted by the author towards it.

6. "Code of Medical Ethics" (in three languages).

By Dr. K. Kesava Charlu, A.M.A.C., Tangutur P. O. Guntur.
pp. 42, Price Re. 1/-.

The author has done a great service to the profession of Ayurveda by bringing together the rules of ethics for the medical practitioners from Charaka, Bagbhata and the Central Board of Indian medicine, Madras, starting from 1918 and ending 1948. The learned author has brought the whole ethics within the span of forty rules. We think every practitioner should read them and follow them. It will help the practitioners to enhance his dignity and the dignity of Ayurvedic medical profession.

7. "The Synthesis of Medical Systems".

By B. S. Yerkuntwar.

Published by Dr. N. S. Paranjpe, Maharashtra Office, Nagpur.
pp. 82.

This is a thesis written by Sri B. S. Yerkuntwar and read before the Samanvayavadi Parishad held in 1948 at Nagpur. Although Chopra Committee was not asked to find ways and methods of synthesis of medical system, yet the outcome of Chopra Committee Report is clearly in its favour. Chopra Committee's hands were forced to accept the principal of synthesis of system in India by the opinion of vast number of people for the purpose. Among these people Mr. B. S. Yerkuntwar appears to be one. He has very ably described in this essay, the possibilities of all advantages and disadvantages of combining all the system. The book is worth reading and is an eye-opener to people who consider that Allopathy is the only medical science that should work in India.



GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
Your Blood

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—SAFI. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

Hamdard

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

HAMDARD DAWAKHANA LABORATORIES, DELHI

H 0 6 - 1

MAJUMDAR CHYAVANAPRAS (Rejuvenator)

It is well-known how Rishi (sage) Chyavan regained his lost vitality, health, strength and vigour by the use of this medicine, its ingredients are so prudently adopted that although its invention goes back to thousands of years, it tops the list of medicines used as tonic.

Composition:—Majumdar Chyavanapras is made with *Phyllanthus emblica*, *Dashmool*, Root of *Sida cordifolia*, *Phaseolus trilobus*, *Glycine debilis*. The fruit of *Piper longum*, *Tribulus lanuginosus*, *Phyllanthus niruri*, Grapes, *Aplotaxis auriculata*, *Aguilaria Agallocha*, *Chabulic myrobalans*, *Tinospora cordifolia*, *Ashtawarga* (which are rare and most valuable drugs usually omitted by most firms partly from ignorance of these essential drugs and the difficulty of getting them and partly to make the preparation cheap), *Curcuma zerumbet*. The Tubers of *Cyperus rotundus*, *Punarnava*, *Elettaria cardamomum*, *Nymphaea stellata*, Red sandal wood, *Convulvulus paniculatus*, Roots of *Basaka*, Ghee Sugar Candy, Sesame Oil, *Bambumanna*, *Cinnamomum zeylanicum*, *Cinnamomum Tamala*, *Carnomoms*, Flowers of *Mesua Ferra*, Reduced Mica-Iron-tin etc, etc.,

Action:—Aromatic, Anticatarrrhal, Aphrodisiac, Antholminic, Blood purifier, Carminative, Cholagogue, Digestive, Demulcent, Diuretic, Deobstruent, Diaphoretic. Detergent, Emmenagogue, Emollient, Febrifuge. Expectorant, Hepatic, Haemostatic, Hypnotic, Lactagogue, Nutritive, Nervine sedative, Pectoral, Refrigerant, Rubefacient, Restorative, Stomachic, Sedative, Alleviative of Semen, Blood and Strength, Stimulant for metabolic activity of tissue cells.

Indications:—Majumdar Chyavanapras cures permanently and absolutely consumption, Asthama, Bronchitis, Laryngitis, Hoarseness of voice, Pethisis, All conditions of debility, the faults of semen. It enhances the power of sexual congress, restores the wind to its normal course, promotes longevity and makes a young man of even an old one. It is highly beneficial to weak and emaciated persons.

It is very rich in vitamin A.B.C.D.E. & G. and hundred times more effective and million time more palatable than the preparation of Cod liver oil etc, etc.

DIRECTION:

For Adults:—One teaspoonful to one tablespoonful with 2 chataks or 4 ozes of milk or honey.

For children:— $\frac{1}{2}$ to one teaspoonful twice daily as the physician directs.

N. B. —It will not be very effective to persons having very poor digestion.

PACKING :

Bottle of 8 ozs.....Rs. 2/8/:

Majumdar Laboratories, NEW DELHI.

USE

MISRA AYURVEDIC INJECTIONS AND

Regain your lost health in
the least time and money.

Ask for Free Particulars.

Manager :-

G. A. MISRA AYURVEDIC PHARMACY REGD.
JHANSI No. 241.

MALABAR AYURVEDIC STORES

Phone : 4116

Estd 1924

107/108 Broadway, MADRAS, 1.

Paralysis :- Ksheerabala (101 Times Medicated) & Ayaveeram

Blood Pressure,
Mental & Nervous
Disorders

} Special Malabar treatment.

Treatment for Cancer undertaken.

Consultation by post a speciality.

CATALOGUE FREE.

TRADITIONAL REMEDIES OF INDIA

announce

DIABALIEN

For Diabetes, Glyco-suria and allied ailments.

Approved by the Medical Profession.
All particulars are supplied to Medical Practitioners without obligation.

Sole & tributors : BUYER'S BUREAU
228, Vithalbhai Patel Rd., Bombay 4

Arvind Ayurvedic Injections
are

SUPREME

Renowned for the purity and potency
all over India and abroad.

Available at all good medical stores
or direct from the manufacturers.

Catalogue supplied free.

Arivand Chemical Works,
Manufacturing Chemists,
Chindwara (C.P.), India.

For Genuine & Standardised

Ayurvedic Medicines

Please refer

MAJUMDAR LABORATORIES.

90/8, Connaught Circus,
NEW DELHI.

Apply for Agency & Sole-Agency.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request :

B. C. SERVICE,

42, J. A. Churchgate Street,
Fot, Bombay 1.

We have now opened a clinical department under the direct supervision of qualified and experienced physicians. Send the full history of your case in detail and a "stamped self addressed envelope" for free Diagnosis and suggested treatment. Ask for a history chart with 2 annas stamp.

For further particulars write to :-

Manager,

Majumdar Ayurvedic Pharm. Works

90/8 C. Circus, N. Delhi. | Hauz Qazi Delhi.

Tele. No. 7366

5703

FOR
HAIR CULTURE



Constant use of this oil keeps hair soft, black and glossy.

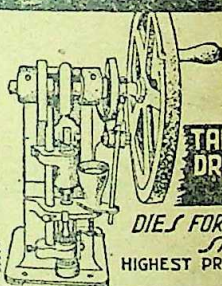

Dhootapapeshwar
Industries Ltd.

Panvel

Bombay



OLDEST FOUNDRY



FOR INDUSTRIAL &
PHARMACEUTICAL MACHINES

Specialist in

TABLETS, PILLS, PASTE MAKING MACHINES
DRUG GRINDERS, DISTILLATION APPARATUS
JUICE PRESSES ETC. ETC.

DIES FOR TABLET MACHINE, ROUND OR ANY
SHAPE PLAIN OR WITH NAME
HIGHEST PRECISION AND THE BEST WORKMANSHIP
AT THE LOWEST COST

MODERN MECHANICAL WORKS
LAL KUAN (NEAR KUCHA PANDIT) DELHI.

For Effective Treatment Of All Ailments

Use Ayurvedic tinctures and other medicines manufactured by

The Ayurvedic Compound Tinctures Limited
ALLEPPEY (S. India)

Technical Consultant & Adviser :

Vaidyasastranipuna, Gaveshakathilaka,

Dr. L.A. Ravi Varma, M.B. & C.M. (Madras), D.O.M.S. (Lond.)

Retd. Director of Ayurveda, Govt. of Travancore.

Enquiries for catalogue and other particulars solicited

MAJUMDAR'S

ASAVAS & ARISHTAS.

Adult doze is generally one ounce daily. Where the doze is changed it is being given in the instructions of the particular item.

Name of Medicine.	Indication.	8 oz.	Lb.	2 lbs.	4 lbs.
		Rs.	Rs.	Rs.	Rs.
Abhayarishta	... Piles, worms, chronic constipation, Haemorrhoids, etc.	1/-	1/14	3/8	6/8
Aravindasava	... Vomiting, enlargement of the spleen and liver. A tonic for children.	15/-	1/12	3/4	6/-
Amritarista	... Malaria, Ch. fevers, Gout, night sweatings, etc.	14/-	1/10	3/-	5/8
Ashokarishta	... Leucorrhoea, Dymenor-rhoea, Amenorrhoea, metitis etc., An uterine tonic, regulates menstruation.	1/-	1/14	3/8	6/8
Ashwagandharishta	Nervous & general debility loss of memory, a tonic for all rheumatic complaints.	1/6	2/8	4/8	8/8
Ahiphenasava*	... Acute diarrhoea and Cholra.	1 oz.	1/12	2 ozs.	3/4
Angurasava	... Anaemia, cold, cough, loss of appetite and consumption. Good for nervous and general debility.	2/4	4/4	8/-	15/-
Balarishta	... All discharges and all rheumatic complaints. Promotes health and vitality.	1/-	1/14	3/8	6/8
Babbuladyarishta	... Consumption, cough, all sorts of urinary complaints.	15/-	1/12	3/4	6/-
Chandanasava	... Ch. Gonorrhoea, gleet, dysuria and other urinal troubles.	14/-	1/10	3/-	5/8

Name of Medicine.	Indication.	8 oz.	Lb.	2 lbs.	4 lbs.
		Rs.	Rs.	Rs.	Rs.
Chavikasava	... Abdominal complaints, urinal troubles, catarrh, consumption, Hernia and cough.	1/6	2/8	4/8	8/8
Dashamoolarishta	... Cough, cold, tuberculosis, sexual and general debility, pulmonary and urinary diseases. When tired it serves as stimulant.	1/10	3/2	6/-	11/8
Dantyarishta	... Anaemia, constipation, worms, obesity bleeding piles and dropsy.	1/6	2/8	4/8	8/8
Draksharishta	... Anaemia, cold, cough, dyspepsia. Loss of appetite and a children tonic.	1/2	2/-	3/12	7/-
Drakshasava	... Ditto ...	1/8	2/12	5/4	10/-
Dhatryarishta	... Jaundice, Anaemia, fever, cough, hiccough dyspepsia asthma etc.	1/6	2/8	4/12	9/-
Eladyarishta	... Eresipelas, measles, Pox, urticaria, fever.	1/8	2/12	5/4	10/-
Jeerakadyarishta	... Asthma, cough and consumption. Best tonic for women after delivery.	1/6	2/8	4/8	8/8
Kanakasava	... Asthma and dry cough ...	/12/-	1/10	3/-	5/8
Kumaryasava	... Flatulence, colic pain dyspepsia, cough, asthma, liver & spleen disorder, Abdominal complaints, consumption, etc.	1/2	2/2	4/-	7/8
Karpurasva*	... Cholera, indigestion and vomiting.	1/-	1/12	2 ozs.	3/4

*Make some sand red hot and pour water over it and decant the liquid. In the decanted liquid takes 10 drops. For vomiting and indigestion take in Jeerak and omum decoction respectively.

Name of Medicine.	Indication.	8 oz.	Lb.	2 lbs.	4 lbs.
		Rs.	Rs.	Rs.	Rs.
Khadirarishta	... Leucoderma, Leprosy, blood impurities and skin troubles etc.	1/-	1/14	3/8	6/8
Kutajarishta	... Dysentery and diarrhoea...	1/-	1/14	3/8	6/8
Lodhrasava	... Diabetes, worms, dyspepsia	/15/-	1/12	3/4	6/-
Lohasava	... Anaemia, jaundice, dropsy etc. An iron tonic for blood.	/14/-	1/10	3/-	5/8
Mrigamadasava	... Cholera, Hiccough, Typhoid fever. A general tonic for all. Dose 5-10 drops	1 oz.	24/-	2 ozs.	46/-
Mustakarishta	... Dyspepsia and a general tonic for children.	1/2	2/2	4/-	7/8
Parthadyarishta	... Diseases of heart, coma, pulmonary disorders.	/15/-	1/12	3/4	6/8
Parpatadyarishta	... Jaundice, Anaemia, fever, complaints of liver and spleen and abdominal disorder.	1/-	1/14	3/8	6/8
Patrangasava	... Leucorrhoea, Anaemia. indigestion and fever.	1/-	1/14	3/8	6/8
Pippalyadyasava	... Indigestion, dyspepsia, and other stomach troubles.	1/2	2/2	4/-	7/8
Punarnavasava	... Dropsy, diseases of spleen and liver etc.	/15/-	1/12	3/4	6/-
Rohitakadyarishta	... Abdominal troubles, disorders of spleen and liver, piles, jaundic, indigestion.	/15/-	1/12	3/4	6/-
Sharibadyasava	... Urinary complaints, boils eruption, fistula, syphilitic sores etc.	1/-	1/14	3/8	6/8
Saraswatarishta	... A tonic for brain, sexual general debility.	1/2	2/2	4/-	7/8
Ushirasava	... Anaemia, urinary disorders, piles, worms, Haemorrhage, dropsy.	/14/-	1/10	3/-	5/8
Vasasava	... Bronchitis, cough, blood spitting and all diseases of lungs.	1/-	1/14	3/8	6/8
Virangarishta	... Abscess, fistula, stone, worm, Locomotor ataxia, lockjaw and urinary complaints, obesity.	/15/-	1/12	3/4	6/-

For further enquiries please write to :—

MAJUMDAR AYURVEDIC PHARMACEUTICAL WORKS

90, Connaught Circus, New Delhi.

CC-0. In Public Domain. Gurukul Kangri Collection, Haridwar

To our contributors.

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors of original articles are entitled to receive 24 reprints *gratis*; additional reprints can be obtained on payment. No reprints will be supplied unless contributors ask for them at the time of submitting their manuscripts.

2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the journal, before the reprint are ready. If reprints are not received within two months of publication of the journal contributors should write to the Publishers.

3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.

4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.

5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.

6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.

7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor. *The Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.

8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.

9. Communications for publishers relating to *subscription* and advertisements should be addressed to publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.

10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editors opinion, are objectionable.

11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7/8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. 1/8/- each. Outstation cheques must include exchange charges.

Telephones : 7366 & 5703 Telegrams : "Hariranjana" New Delhi.

Digitized by Arya Samaj Foundation Chennai and eGangotri



ALCALZIUM-D: Calcium + Vit D (also with iron) for Calcium deficiency.

DYARSON: Carbarsone
for Amoebic dysentery.

FERUSAL: Iron-Vit. B. Complex + Vit C for Secondary ANAEMIA.

ICAFRINE: Ephedrine
+ Phenobarbitone etc.
for ASTHMA.

PROTODINAL: Iodine in organic combination for iodine therapy.

PYRALGIN: Reliable analgesic for PAIN.

SERPUMINAL: Serpina and other sedatives for Hypertension.

THAMINAL: Vaso dilator and sedative for Angina and coronary diseases.

Also VITAMIN TABLETS and
Non-Proprietary tablets.

Because they conform to all the desiderata required of good tablets:-

(1) Thorough and timely disintegration in the gastro-intestinal tract.

(2) Keeping properties against inclement weather.

(3) Fair degree of firmness but not undue hardness, uniformity of weight and composition and elegant appearance.

(4) Accuracy of ingredients, appropriateness of bases and excipients and skilled experienced manufacture.

ALEMBIC CHEMICAL WORKS
CO. LTD., BARODA.

THE JOURNAL OF

Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

Vol. 1 No. 9

New Delhi

September 1949

CONTENTS

Editorial 1

Articles :—

Pathology in Ayurveda
—Dr. N. R. Apte 5

The Ayurvedic Interpretation of Medicine.
—Shri Dharam Dutta 22

Ante Natal Care in Ayurveda
—Shri Valluru Subba Rao 27

Glaucoma in Ayurvedic Literature.
—Dr. P. N. Bhatt 30

News & Notes 33

Correspondence 40

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO., H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAU, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrititirtha, Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Saukhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
*Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
Editor in Chief Journal of All India Ayurvedic Congress.*
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

ॐ जीवेन शरदः शतम् (शुक्ल यजुर्वेद ३६।२४)

ॐ गोमयं तृप्तं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

September, 1949

No. 9

EDITORIAL.

ALL INDIA MEDICAL CONFERENCE

The Silver Jubilee Session of the All India Medical Conference under the auspices of Indian Medical Association was held at Calcutta in December last. The report of the Conference is published in the Journal of Indian Medical Association of April 1949. The Conference was inaugurated by the late Shrimati Sarojani Naidu, the then Governor of U. P. The Chairman of the reception Committee was Dr. A.K. Roy Choudhury M.D. and the Conference was presided by Dr. S.K. Choudhury B.A., M.B., I.M.S. (Retd.)

Unlike addresses of previous presidents of similar Conferences the address of the president of the last Conference appears to be affected by the report of the Chopra Committee. It has been a tradition with the presidents of these Conferences to abuse the Ayurvedic practitioners and sneer at the Ayurvedic System of medicine. This year there have been some change, apparently, in attitude, but in reality, only in words. This apparent change is, perhaps due to the report of the Committee presided by a learned doctor of their own science. Previous to this they were going on a high horse, thinking that no body would ever support this system. Now, they find that it would not be profitable to attack the Ayurvedic system in this way, because it will amount to calling the Chopra Committee Report partial and facts collected by the Committee false. Thus the line of attack has changed and the president elect of the Conference referred to the Ayurvedic System as something scientific at the time it was in vogue, but quite obsolete now. After the Chopra Committee Report the big guns in Allopathic System has to admit the popularity of the Ayurvedic System among the people of India and they are trying to find excuses

for the support that certain M.L.As. are giving it. It will be interesting to read the address of the president regarding this point. In his address "Vaidik is gaining ground and there are several ^{sa} ^{ses} at work." While describing the causes of the popularity of the Ayurveda, he has scrupulously avoided to mention the benefit ^{that} ^{the} ^{people} of the country are receiving by treatment according to this system. He on the other hand has tried to insinuate motives to its advocates.

The president of the Conference after describing the wish of the people to restore the Ayurveda to the status of National System of Medicine says, "Some of our leaders have not been slow at recognizing this fact and in order to carry people with them, for obvious reasons, have seized the opportunity of promoting vaidik". It is a great insult hurled at the leaders.

The president has tried to explain the popularity of Ayurveda as not due to its efficacy but due to certain political and economic causes. He has further tried to belittle the Vaidyas by saying that they have started using thermometer and stethoscope. They call themselves doctor and their assemblies as medical conferences. Again, he has described the combining of different systems as thoughtlessly recommended by eminent persons.

In reality it is the lack of scientific mind among the most of the Allopathic practitioners in India, that is the cause of so much ignorance about and prejudice against the Ayurvedic System among them. This unscientific attitude is the cause of this varying, contradictory and unreasonable attacks upon Ayurveda. It appears that their aim has always been to extol the kind and type of knowledge they happen to possess and to denounce all that they do not know. Otherwise, what is the sense in denouncing the system first as an unscientific one and then scientific in old days. Again to call it unliked by the people and then to say that leaders support it because people like it. Then to admit that it is cheap and also denounce it fearing that it will encourage the creation of cheaper class of physicians. If the Vaidyas were not using modern instruments for diagnosis, they were called ignorant and now when some of them have started using these instruments they are termed as presumptuous. If Vaidyas were ignorant of English they were sneered at and if some of them have learnt it and call themselves as doctors and medical professionals, they are hooted. The only con-

justice that can be drawn from this attitude of the big guns in Aligarh is that the Medical Conference and Association want to down the Ayurveda, whatever the Vaidyas know and or do. We are sorry for persons of such an attitude and sorry for the Government that is formulating its policy on their advices.

It has been stressed from the platforms of Ayurvedic Associations that the science of Ayurveda has survived by its own merit during centuries of foreign rule. In the times of Muhammadans, Unani was patronized by the rulers and during the British rule, it was the Allopathic that was patronized. For more than one thousand years Ayurveda carried on without any kind of encouragement from the rulers of the country. The claim of the Ayurvedic physicians is that the superiority of their science will become manifest on a fair chance being given to it. The wonder of wonders is that the Allopathic Pandits, who call themselves having scientific aptitude, have never agreed to give an opportunity to the Ayurvedic System to show its merit. The Government that has been framing its health policy on the advice of the above mentioned type of Allopaths, never agreed to give a chance to the Ayurveda to serve the people of country.

High placed officials and leaders with Allopathicphobia would say that they cannot allow the precious lives of people to be played upon by unqualified persons. Admitting that Ayurvedic Physicians, in spite of their learning and experience, are unqualified, we ask the leaders and doctors that do they prefer to let die millions of people of India without medical aid, yet not allow Vaidyas to serve them. It has been revealed that there are only 47,524 Allopaths of both the categories in India. This number of doctors is utterly inadequate to serve the vast population of the country. Then it has been further revealed that immense sums are required to increase the number of doctors. Our plain question to the Government and its Allopathic advisers is, do they prefer to let the millions in India obtain medical aid through Ayurvedic System, may be unknown to them, or do they want them to die without any type of medical aid?

The calculations of Bhore Committee are enlightening. The Committee finds that a huge sum of 362,99,00,000 rupees will be the initial expenditure to start the work on its recommendations and another huge sum of rupees 601,82,00,000 will be the annual current expenditure to provide one doctor for a thousand of the population.

Contrary to this the Chopra Committee has shown the problem of health in India can be solved with a very little cost if the capacity of the Ayurveda is exploited.

With this as background the statement of the Allopathic physicians that they must not allow the Ayurvedic system to serve people, means nothing but keeping the millions in the country without medical aid. This is nothing but prejudice and ignorance aglore.

The Indian Medical Association has also passed a resolution on the Chopra Committee. On the face of it, the recommendation of the Chopra Committee appear to be accepted by the Association, but in fact, it is full of mischief. It runs thus :—

"The Association is of opinion that this country should evolve one unified system of scientific medicine enriched by fusion of all that is best in the Ayurveda and Unani and the modern systems of medicine and that all further admissions into the existing teaching institutions of indigenous systems should be stopped forthwith, with a view to abolish them within the shortest possible time. Further that the practising Vaidyas and Hakims should be brought under control of the State."

The mischief of the resolution is in the advice of stopping forthwith of admissions in the existing teaching institutions of indigenous systems with a view to close them. How then we ask, the fusion between the systems will be brought about? Will it be closing the institution or by supplementing them with the desired material from modern sciences. The right course for bringing the fusion of systems is to supplement the Ayurvedic institution with the modern sciences and the Allopathic teaching institutions with the theory and practice of Ayurvedic System. This is the only way of fusion and enriching both the systems.

The only conclusion that can be drawn from the periodic utterances of the Allopathic doctors and resolutions of Medical Association is that there is a design in their minds to kill Ayurveda in this country, so that there may not remain in India, anybody to criticize their irrational, expensive and economically unpatriotic methods.

We feel it our duty to enlighten the public, who are the real masters of the country, now, to understand the suicidal ruling that these, so to say, learned Pandits (Doctors) are pursuing in the country.

Pathology In Ayurveda

Asaatmya-In-via-varttha-Samyoga: Pradnyaaparaadha: Parinaama-
by Dr. N. R. Apte, M.B., B.S.

Satara.

We have seen that the excitation (prerana) of both exogenous and endogenous diseases takes place as a result of 'asaatmya' relation or reaction (contact-samyoga) of the senses with their objects, error of superior judgement or discrimination, (Pradnyaaparadha), Time (including seasons, Kaala) & (Parinama.)

'Asaatmya' is anything which, when used, is not convertible, in the body-processes, into a normal constituent of the body,

असात्म्यमिति तद्विद्याद्यन्न याति सहात्मताम् । च. शा. अ. १।२२७

and, therefore, leads to a destruction of normality ; (*Praakrit-roopa-upaghatakam Bhawati.*)*

Neither the senses nor the objects of the senses.....external world.....are by themselves the causes of pleasure (health) or pain (disease),† for, you may have the senses and the objects of the senses may be there too, but if there is no reaction between the two there is neither pleasure nor pain : "Coiled up in some hole in the ground"¹¹ writes Dr. Walker, "the hibernating animal experiences few changes in its environment. Associated with this absence of stimulation the irritability of the animal's body is reduced to the minimum compatible with life. Should the irritability entirely disappear, the animal would no longer be hibernating. It would be dead." Life itself is a continuous "adjustment of internal relations

*There are many kinds of Saatmyas described in Ayurveda. What does not cause abnormality.....*yat aatmani upashete* is also termed 'Saatmya' and used in this sense, the term includes the peculiar resistances, allowing normality of health to continue, to seasonal, or geographic conditions, (deshanam) or to diseases, (amayanam) a sort of *acquired* immunity, towards environmental conditions.

देशानामामयानां च विपरीतगुणं गुणैः

सात्म्यमिच्छन्ति सात्मज्ञोश्चेष्टितं चाद्यमेव च ॥ अ. संग्रह

†The ultimate aim of Ayurveda being ('Salvation', moksha) philosophical, it construes all diseases as 'pain', and health as 'pleasure'.

to external relations," and we should be said to "live only so long as we have the capacity to feel and respond".¹¹ Therefore, the cause of health (pleasure), and disease (pain) is the four-fold reaction.

नेन्द्रियाणि न चैवार्थाः सुखदुःखस्य हेतवः ।

हेतुस्तु सुखदुःखस्य योगो दृष्टश्चतुर्विधः ॥

सन्तीन्द्रियाणि सन्त्यर्थाः, योगो न च, न चास्ति रूक् ।

न सुखं, कारणं तस्माद्योग एव चतुर्विधः ॥ च. शा. अ. १।१३०-१३१

There could obviously be four kinds of reactions of the Kaala (Time, Season), Budhdhi (Reason, Judgement, Initiation), and Indriyaarth (Environment, objects of the senses) :—

- (i) Normal Yoga (reaction) ... As it should be, or optimum reaction.
- (ii) No reaction (ayoga) ... This has, later, been described by Vaagbhat as a subminimal or 'heena' yoga.
- (iii) Excessive reaction (ati-yoga) ...
- (iv) 'Pervert' reaction (Mithya-yoga) ... Irregular, out of time, unusual reaction ;

Vaagbhat has also replaced Charak's Budhdhi, Pradnyaa—"the supreme^{10a} faculty of analytico-synthetical imagination"—by 'Karma' motor functions, and thus, he has somewhat restricted the scope of the original conception of Charaka.* Budhdhi used in the sense of Pradnyaa would seem to include the functions attributed to the modern Ego, Super-ego and Id, and thus even inadvertent or involuntary Karma becomes a Pradnyaaparaadha (faulty judgement). Both Vaagbhat and Charaka agree, however, that the normal (Samyak or Sama) yoga leads to health, whereas the three abnormal types of yoga could collectively be stated to be the causes of the diseases of

*Hemadri, in his commentary, has apparently attempted to widen the scope again, by interpreting this verse as including the entire world....."Dravyas" (anything that has a function or property) : These are nine only, according to the Shastra :—The Panchabhootas, (Matter), Aatma (Soul), Mana (Mind), Kaala (Time) and Dik (Space),

खादीन्यात्मा, मनः कालो, दिशश्च द्रव्यसंग्रहः

Hemadri says : 'Kaala' is mentioned in this verse as such, 'Artha' represents the Panchabhootas, and 'Karma' stands for the 'Aatma (Soul), Mana (mind) and Dik (Space) ;

तत्र कालः साक्षादुपयज्यते । महाभूतानि त्वर्थद्वारेण । दिगात्ममनांसि कर्मद्वारेण ।"

the mind and body of a person, after birth; (We have seen that the Seed, his own Karmas or deeds of the previous birth, the Uterus—
the whole of the embryo—the mother's food and behaviour during pregnancy etc. when faulty, become the causes of congenital diseases)†.

कालबुद्धीन्द्रियार्थानाम् योगो मिथ्या, न, चाति च ।

व्याश्रयाणां व्याधीनां त्रिविधोऽहेतुसंग्रहः ॥ च. सू. अ. १५४

कालार्थकर्मणां योगः हीनमिथ्यातिमात्रकः

सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ॥ अ. ह. अ. ११६

But, says Charaka, the optimum or proper combination and reaction of the Indriyaarthas, Budhdhi and Kaala is very rare to obtain,

सुखहेतुः समस्त्वेकः समयोगः सुदुर्लभः । अ. शा. अ. ११२६

and, therefore, it is extremely difficult to find a person who can be truly described as perfectly healthy; we are accustomed to call people healthy only by disregarding the slight..... and, therefore, unimportant—diseases or derangements (rogas) in their body or mind. Usually, either the Kaala (Time-Season), the Judgement (Pradnyaa-Budhdhi) or the Indriyaarthas (Environment-objects of the senses) are not Samyak, or optimum, and hence, strictly scientifically speaking, Man is always, however slightly or imperceptibly, diseased. @

I am quite conscious that the words "Relation or Reaction" of "Time, Environment, and Reason," are inadequate to convey the exact concepts of Ayurveda with regard to "Roga, Kaala, Indriyaartha and Budhdhi". I have made an attempt to make the meaning as clear as possible by using more than one word in translating them so as to include the different shades of the original connotation. The difficulty of conveying through a single word the exact connotations of words used in the original texts in Sanskrit is very well known and has led to a lot of confusion in understanding the basic concept of the science of Ayurveda. If 'Yoga' were to be translated merely either as 'contact' or 'reaction', it would not have conveyed the meaning in full: If one were to translate it as 'adjustment' it would have meant that the Kaala, Budhdhi and Indriyaarthas were things to be adjusted and would thus have ignored the conception of Ayurveda that Kaala, used in the sense

†बीजात्मकर्माशय कालदोषैः मातुस्तथाऽऽहारविहार दोषैः । च. शा. अ. २१६

@नित्यातुरा एव पुरुषा भवन्ति, अल्पं च रोगमनाहत्य स्वस्थव्यपदेशः पुरुषाणां क्रियत इति भावः —चक्रपाणिदत्त

of seasons or climatic variations also gave rise to the vitiating principles, the 'Tridoshas', and one could maintain health if one were to follow the rules given for the treatment of these vitiating principles at the proper time, that is, when they were undergoing a process of accumulation, (Chaya). It is important, therefore, to be as clear as possible about the meanings one ascribes to the original Sanskrit words. Failure to do this has resulted in a very deplorable confusion which has led even profound scholars of Ayurveda and modern scientific medicine to arrive at apparently erroneous conclusions. "The tyranny of mistranslations" says^{10b} Vaidyaratna Capt. G. Srinivas Murti, "has resulted in even a proper regard for the statements made by high authorities in Ayurveda being construed by modern scholars as an 'unmeaning veneration for petrified dogmas'". One wishes to raise no unnecessary controversies, but it would be interesting to see here how Ayurvedic concepts suffer from—perhaps unmeant,—misrepresentation. In a 'dispassionate examination' of the claims of scientific medicine and the indigenous systems Dr. K. C. E. Raja has stated :—

"—the human body in its reactions to its environment behaves fundamentally in the same manner all over the world, and biologically disease is the result of a mal-adjustment between man and his environment—physical and social."⁹

I suppose it will be seen,—we shall study it in some detail in this article,—that Ayurveda not only refers to this mal-adjustment between man and his environment but studies the many different varieties of it, and advocates a behaviour by means of which there would constantly be an 'adjustment' between him and the environment, from season to season, even from day to day ! Yet, Dr. Raja is of the opinion that the modern scientific system is :

"the one system which approaches the problem from the rational point of view,"⁹

and,

"the basic principles on which interpretation of disease has been attempted in the indigenous systems can, on the other hand, hardly be accepted in the light of modern scientific knowledge" ! **⁹

**The truth or otherwise of this statement will only be evident after a painstaking research on the properties of drugs based on Rasa-Veerya-Vipaak, which in their turn are based on the Pancha-bhautic concept, either substantiates or disproves the concept.

We shall observe that both the words Kaala, and Budhdhi have a very comprehensive meaning in Ayurveda. The word Kaala includes the eternal Time which is necessary before the deeds performed by an individual in his past births, so to say, ripen, and cause disease in his body, [denoted by the word Fate (*Daiva*) in popular parlance,]

निर्दिष्टं दैवशब्देन कर्म यत् पौर्वदेहिकम् ।

हेतुस्तदपि बालेन रोगाणामुपलभ्यते ॥ च. शा. अ. १।११६

as also, the limited time which determines the span of life of the individual which leads to the 'natural' diseases like senescence and death overtaking him; [Jaraa and Mrityu: old-age and Death themselves are only diseases in the continuous life-process of a Jeeva—'Life'—towards 'Moksha' (salvation)].

कालस्य परिणामेन जरामृत्युनिमित्तजाः ।

रोगाः स्वाभाविकादृष्टाः स्वभावो निष्प्रतिक्रियः ॥ च. शा. अ. १।११५

But this Kaala is not the one referred to as a cause of diseases as a result of abnormal yoga. Nature is described as 'without treatment' (*Nishprati Kriyaah*) in the verse itself, and, therefore, the swabhaavik or natural diseases, (senescence and natural death) also, are without treatment. Nor can any treatment be thought of for diseases arising out of deeds (karma) in the past births, and therefore, even this Kaala has to be left out of consideration when we are thinking of the cause of diseases caused by an abnormal 'yoga' of 'kaala'; Such a Kaala is obviously the Time which we divide into different periods like year, month, day, etc. and is responsible for the production of what are known as "seasons", periodic climatic variations, which give rise to certain changes in the environment like change of temperature or humidity etc. It is during this "time" that a person counts his different states of childhood, youth and old age; That "any modification in their surroundings inevitably and profoundly disturbs all living beings," is accepted by even the modern science, but it would be interesting to observe that Ayurveda seems to have studied the disturbances caused by different conditions and to have laid down an hypothesis by means of which we could say what kind of a modification is likely to occur during what kind of a season,** physiologically, (sama-yoga) and when these

**The concentric rings on the trunk of a tree that is cut down, represent a year's growth each, so that we can tell the age of the tree by counting them. These are not of equal thickness "since during dry summers less wood will have been grown than when the tree had plenty of moisture" and thus "the tree forms a natural record of the weather experienced during its life-time." *Elison Hawks. The Marvels And Mysteries Of Science., page 12. THE HOME LIBRARY CLUB.*

seasonal variations show a great change from the normal (excessive, subminimal, or perverse), how they are likely to result in the production of the "vitiating principles" which act as the 'immediate' (*sannikrishta*) causes of diseases.^{2d} That all living cells "depend absolutely on the medium in which they are immersed; — they modify the medium and are modified by it, in fact, they are inseparable from it. As inseparable, as their body is from the nucleus" is also acceptable to modern science, and the Ayurvedic concept of disease seems to be so comprehensive as to include not only the yearly, or daily changes in the environment (external), but also the periods of digestion of food : Just after food, when the food is not at all digested sometime later, when it is partially digested, and still later, when the food is completely digested ; During these periods the Kapha, Pitta and Vaata 'synthesis, physico-chemical changes, and loss of fluids from the body' are respectively preponderant, and bring on appropriate changes in the organism. If the reaction of 'Budh' to these seasonal, or daily variations is normal, that is, if the man behaves hygienically in a proper way regarding his food and behaviour all goes on well; But if there is a failure to observe any of the correct rules of behaviour, the Vaata, Pitta and Kapha pathogenic principles are accumulated (*Chaya*), circulated (*prakopa-prasara*) and lodged (*sthan-samshraya*) in a tissue, and cause disease !

मिथ्यातिहीन लिङ्गाश्च वर्षान्ता रोगहेतवः ।

जीर्णभुक्त प्रजीर्णान्नकालाकालस्थितिश्च या ॥

पूर्वमध्यापराह्णश्च रात्र्या यामास्त्रयश्च ये ।

येषु कालेषु नियता ये रोगास्ते च कालजाः ॥ च. शा. अ. ११११-११२

A little reflection would show that the hypothesis, (if we may so call it, actually it is claimed to be a Theory,) takes into account even the slight variations in the nutritive fluid—blood, during these periods.

"Kaala" is also used in the sense of period, and the periodic fevers of modern scientific medicine (like Malaria etc.) are thus described in Ayurveda as "*Kaalajah* :

अन्येद्युष्को द्वयहग्राही तृतीयक चतुर्थकौ ।

स्वे स्वे काले प्रवर्तन्ते काले ह्येषां बलागमः ।

एते चान्ये च ये केचित् कालजा विविधा गदाः ।

अनगते चिकित्सास्ते बलकालौ विज्ञानता ॥ च. शा. अ. १११३

The seasonal variations in the growth-assimilation or processes of "synthesis", the physico-chemical changes or processes of rate of

metabolism (?), the absorption of watery contents of the body i.e. the processes the reverse of synthesis (an abeyance of anabolic-building up, or Kapha processes) are classified as causes of diseases in Ayurveda. The climatic conditions have themselves, according to Ayurveda, a preponderance of certain 'gunas' (properties) which, according to the Law "Sameness leads to an increase in all 'bhaavas' at all times"

सर्वदा सर्वभावानां सामान्यम् वृद्धिकारणम् ।

etc., referred to in the last article, brings on an acceleration of those functions of the body which leads to an accumulation of similar gunas in it; (Prithvi-Jala or kapha representing Cold-Sheeta, Prithvi-Teja or Pitta representing heat-energy, or acid, and the absorption of watery contents representing Rouksha, dryness, lack-of-lipidness or vaata); If the excess of the substances, bearing these gunas is not converted into similar gunas in the, and of the, body, these substances or "metabolites" carrying specific gunas are accumulated (Chaya): When the climatic conditions favouring their digestion are changed they become absorbable (Prakupita) if not already removed from the body by the appropriate remedies, and, if they are further allowed to circulate in the body (Prasara) they bring on a derangement in the particular Sustaining Principle resulting in KAPHA, PITTA, or VATA diseases. This conception of seasonal-variations so acting on the body as to give rise to "metabolites" which have a potential pathogenicity towards specific Sustaining Principles or body-processes, is, I feel, a clue to the concept of TRIDOSHAS, as distinguished from the TRIDHAATUS, in Ayurveda, and needs to be emphasized.

"During the rainy-season the cereals and the pulses, are young, (since they exhibit a tendency to sprout because of the moisture which enters inside them.

अन्तः सूक्ष्मजलप्रवेशात् प्ररोहधर्मिण्यः ।

they are called 'young', although they have been harvested a long time back), and possess less potency or adequacy.

*तत्र वर्षास्वोषधयस्तरुण्योऽल्पवीर्या आपश्चाप्रशान्ताः क्षितिमलप्रायाः, ता उपयुज्यमाना नभसि मेघावतते जलप्रक्षिन्नायां भूमौ क्लिन्नदेहानां प्राणिनां शीतवातविष्टस्मिताग्नीनां विदह्यन्ते, विदाहात् पित्तसंचयमापादयन्ति; स संचयः शरीरं प्रविरलमेघे वित्युपशुष्यति पक्वे ऽर्ककिरणप्रविलापितः पैत्तिकान् व्याधी-
जनयति । सु. सू. अ. ६

(Veerya) The waters also are 'gloomy'-or-muddy-because of the usual contamination by various impurities from the earth's surface; With the clouds covering the skies and the earth sodden with water, when these are used by 'beings' whose bodies are clammy-or water-logged-, and whose digestive fires are abated because of the damp and cold winds which are blowing,* they are not properly digested and undergo an 'acid' digestion. (Prithvi-Teja, instead of the usual one;—"Amla-Pak"); This leads to their accumulation (Chaya) in the body; When clouds are again cleared from the skies and the Sun's ray have again dried up the watery and muddy surface of the earth, "the Prithvi-Tej "metabolites "have an opportunity to become absorbed, (Prakupita), and this Teja, being now pathogenic, is liable to cause Teja or Pitta diseases in which 'daaha' or burning, naturally becomes the dominant symptom.

"—these same cereals and pulses become 'adequate' during winter, the waters are pure, and, when these are used by beings whose body (matabolism) is strengthened as a result of 'colder' rays of the Sun allowing the winds to be cold and to carry snow particles with it, are thoroughly digested, and because of the cold, lipid, and 'sticky' properties, bring on an accumulation of 'Shleshma'—(same as Kapha)—properties or metabolites having these 'gunas'. This accumulation becomes absorbable (Prakupita) during Summer when the Sun's rays break its 'adhesiveness', and the body (strength) is also slightly retarded, and produces Shlaishmic *i. e.* Kapha-diseases in the body. And again, these same food-stuffs are devoid of 'adequacy' (veerya) during Summer, are completely dehydrated and dry, (without lipid or 'sneha' guna), the waters likewise are extremely light, and when these are used by beings whose body-fluids are evaporated by the the powerful rays of the sun, cause an accumulation,—by virtue of their dry and light gunas—(*i. e.* having no Prithvi—Jal proper-

*"The skin separates our organs and humours from the cosmic environment and yet allows most extensive physical and chemical communications between the two worlds;—"

Alexis Carrel. Man the Unknown. pp. 72-73; Pelican Books.

ties) —of VAATA (Roukshya, dryness, dehydration) in the body; This, in the early rains, when the Earth as well as the men's bodies become damp again, becomes absorbable, and, due to the cold moist winds, causes Vaata-diseases.—”

The whole subject is very interestingly dealt within Ayurveda, but, for reasons of space, I have only to refer to the concept of the production of pathogenic metabolites having properties of bringing on derangement in specific body processes due to the excess of certain 'gunas' in the climatic conditions, if proper care of so adjusting one's behaviour (vihaar) and diet (aahaar)—this is exhaustively dealt with,—as not to allow an accumulation as far as possible, and of removal of slight accumulation, by timely Emesis, Catharsis, or Enemata, is not taken. Obviously, when these seasonal variations, *i. e.* environmental conditions with regard to light, wind, humidity, dryness, heat, cold, etc. do not take place at the proper time, or are of more, or less than usual severity, it becomes difficult for the body to adjust itself to them, and disease results. Different authors in Ayurveda have given different months of the year when the changes occur, according to the geographical position of their homes, but all have divided the year into two main parts according to the apparent shift of the Sun to the North—(longer days, less bodily strength : Aadaana.)—or to the South —(shorter days, increased bodily strength : Visarga)—during which men's bodily resistances and strength vary from maximum to minimum. (The amount of heat received by any one part of the Earth's surface is dependent more upon the inclination of the Earth's axis than the distance from the Sun, and western

*ता एवौषधयः कालपरिणामात् परिणतवीर्या बलवत्यो हेमन्ते भवन्त्यापश्च
प्रशान्ताः स्निग्धा अत्यर्थं गुर्व्यश्च ता उपयुज्यमाना मन्दकिरणत्वाद्भानोः
सनुषारपवनोपस्तम्भितदेहानां देहिनामविदग्धाः स्नेहाच्छ्रैत्याद्गौरवादुपलेपाच्च
श्लेष्मसंचयमापादयन्ति ; स संचयो वसन्तेऽर्करश्मिप्रविलापित ईषस्तब्धदेहानां
देहिनां श्लैष्मिकान् व्याधीजनयति । ता एवौषधयो निदाघे निःसारा रुक्षा
अतिमात्रं लघ्व्यो भवन्त्यापश्च ता उपयुज्यमानाः सूर्यप्रतापोपशोषितदेहानां
देहिनां रौदयाल्लघुत्वाच्च वायोः संचयमापादयन्ति ; स संचयः प्रावृषि चात्यर्थं
जलोपकृष्टत्वायां भूमौ क्लिन्नदेहानां देहिनां शीतवातवर्षेरितो वातिकान्
व्याधीजनयति ॥ सु. सू. अ. ६।११

sciences recognise that after March 21st the northern hemisphere inclines more towards the Sun: progressively, until on the 23rd September the southern hemisphere starts getting more and more inclined towards the Sun and the northern hemisphere changes from Summer to other seasons.) The Ayurvedic dates are dependent on the apparent movement of the Sun from one sign of the zodiac to another: When the Sun enters the sign of Capricorn, (*makar*) generally on the 14th of January, the *Aadaan* (removal of watery contents) begins, and when the Sun enters the sign of Cancer (*Karka*) the *Visarga* (giving of watery contents) begins. This comes sometime about the middle of July. The resistance should be least between, roughly June-July and April-May, medium between August, September, October half and February half, March, and most between November, December, January and February early half, according to the saying:

आदावन्ते च दौर्बल्यं विसर्गादानयोर्नृणाम्

मध्ये मध्यबलं त्वन्ते श्रेष्ठमग्रे च निर्दिशेत् ॥ च. सू. अ. ६।८

The metabolites produced during normal (*samyak*) seasonal variations leading to 'natural' accumulations do not seem to attain a severity requiring the attention of a physician for the cure of the diseases caused by them, but we are all familiar with the conditions of slight ailments attributed to 'climatic' or 'seasonal' changes. Untimely seasonal variations (*i.e.* with regard to light, heat, cold, humidity etc.) timely but severe changes, and no changes at all, are all likely to lead to disease: This is the conception of the *Mithyaa*, *Ati*, and *Heena* (or 'A-yoga') Yoga of the *Kaala* or seasons. When no abnormal metabolites are allowed to be produced, no pathogenic changes take place and the Sustaining Principles continue the normal body processes as *TRIDHATUS*, and continue to bring on the nourishment of the sustained principles. The 'elemental' (*panchabhautic*) *gunas* in the climate are an important factor in the maintenance of health, and the production of disease. That the processes of growth-assimilation, physico-chemical changes and the reverse of synthesis (dehydration) are dependent on the 'gunas' (properties) of the environment, and of *aahaar* (-food-), *vihaar* (-behaviour-), and they change according as these *gunas* are optimum or abnormal, is the basis of Ayurveda. *KAPHA*, *PITTA*, *VATA* of normal 'gunas' do normal functions, and these when having other 'gunas', produce disease:

*“Surely digestion is the result of the normal ‘heat’ of normal Pitta but the same when abnormal (and absorbed-prakupita) leads to many diseases: Normal Shleshma (KAPHA) is a synonym for, strength and is considered as the vitality of the body, but, when abnormal is termed as the pollutor (excretion-mala) of the body, and a trouble generator or “Papma”: All normal movements of, and in, the body are the result of Vata which is termed the “life-essence” (Praana) of the body, but due to it alone are diseases produced, and due to it alone death results :”

Next we come to ‘Budhdhi’ or Pradnyaa : This word is translated as ‘ascertainment’ (*Adyavasaaya*) when used in the subjective or psychological sense by Prof. Max Muller, but is ‘untranslatable’, according to Dr. B.A. Pathak, “in Indian Psychology”^{8b} ; Even at the cost of a little digression I would like to give here the comments made by Prof. Muller in the meaning of the word Budhdhi used in the cosmic sense by the Saankhyas. “Whatever native and European authorities have to say, it is impossible” says Prof. Muller “that this should have been the original meaning in the mind of Kapila” (the original author of the ‘Saankhya’ doctrine). “Though this psychological acceptance is the common acceptance of Budhdhi among native writers on Saankhya, YET SENSE IS MORE IMPORTANT THAN COMMENTARIES, “and, since Mahat (Budhdhi) must be “a phase in the cosmic growth of the Universe”, “however violent our proceeding may seem, we can hardly help taking the great principle, the Mahat, in a cosmic sense”,—“a very bold interpretation and a complete forsaking of native guidance,” but, “unless a more reasonable or intelligible account can be given of Budhdhi, there seems no escape from it ”; I have given this quotation in some detail, because I think it shall be seen that if Budhdhi is accepted as the slightly vitiated condition of the “all pervading enlightenment” [which is unvitiated by Raja (Energy) or Tama (inertia)—and the diseases of the mind (*Satva*) are described in Ayurveda as due to Raja and Tama,.....]

*पित्तादेवोष्मणः पक्तिर्नराणामुपजायते ।

तच्च पित्तं प्रकुपितं विकरान् कुरुते बहून् ॥

प्राकृतस्तु ‘बलं’ श्लेष्मा विकृतो ‘मल’ उच्यते ।

स चैव ओजःस्मृतः काये स च राप्सोपदिश्यते ॥

सर्वाहि चेष्टा वातेन, स प्राणः प्राणिनां स्मृतः ।

तेनैव रोगा जायन्ते तेन चैवोपस्थिते ॥ च. सू. अ. १७।१६-१७-१८

as stated in the last article, it can be seen that both the cosmic and psychological translations of 'Budhdhi' could be reconciled; I refer to this here, for, just as it was not recognised that the Saankhyas had comprehended the whole process of "Evolution" in their theories, because of indifferent translations, so also, I feel, the basic ideas of Ayurveda have not been recognised by indifferent—and sometimes dogmatic—translations. In the last chapter I have given one of Charak's contentions that just as the inanimate world is subsisted or troubled by the Wind, Sun, or Moon, so is our body subsisted or troubled by the Vata, Pitta and Kapha when normal or abnormal; Upto the time of Sushruta there seems to have been no confusion regarding the true meaning of this verse, for he writes:

विसर्गाशनविक्षेपैः सोमसूर्यानिता यथा

धारयन्ति जगदेहं कफपित्तानिलास्तथा ॥ सु. सू. अ. २१।८†

"Just as the Moon, the Sun and the Wind maintain this world by Visarga: (giving, donating, pouring down, building), Aadaana: (taking away watery contents—, receiving, drying) and Vikshepa: (throwing, carrying from one place to another, arranging,) respectively, so do the Kapha, Pitta and Vata maintain the body."

This gives a very good idea about the original conception of the Tridhatu, which, by analogy, were shown to govern the Prithvijaal or building-up processes of the body, Teja (energy) or temperature and physico-chemical changes in the body, and Vayu (movement), the various 'carrying' processes of the body, (this latter including the carrying of impulses, circulation, absorption and even the division of the cells by Karyo-kinesis, etc). The *regulators* of these functions were born with the individual,—even actually made his birth possible,*—and had optimum properties of 'shlisha' (adhesiveness—formation of fresh protoplasm?) 'taapa' and 'taikshnya-oushnya' ('temperature' and 'penetrability' i.e. the power of bringing on a dissociation in the molecules as in hydrolysis,?) and 'chala' and 'sookshma' ('movement-impulse' and the power of reaching the minutest constituents of the body). When these optimum *gunas*

† विसर्गः सौम्यांशविसर्जनं चंद्रस्य कफस्य च,

आदानं सौम्यांशशोषणं सूर्यस्य पित्तस्य च,

विक्षेपश्च वहिरन्तश्चाचितधातुव्यूहनादि वायोः साधारणम् इति चक्रः

* वातपित्तश्लेष्माण एव देहसंभवहेतवः । सु. सू. २१।३

"the gametes contain three DHATUS-Pathak".

fell short the proper physiological processes of the given kind were abated, or became sluggish, when optimum *gunas* were available through food, the physiological processes were maintained. When, however, metabolites were produced in the body which had an excess of these *gunas* and were first rendered absorbable through the alimentary tract (*Mahaa-shrotas*),—*prakupita*—for certain reasons, and were allowed to circulate—*prasara*—in the body and get lodged in the tissues—*dhaatus*—(*sthaan-samshraya*), they exhibited an abnormal working of the particular system affected. These metabolites entered the body in a 'sthoola' gross, or partially digested 'amla-teekshna-sara', or extremely minute (*sookshma*) condition, according to their own 'panchabhautic' composition: Fortunately these could either be 'corrected' (*shamana*) or 'removed' (*nirharana*); By appropriate drugs for *shamana*, and dislodging them (*snehana-oiliness*), liquifying them by heat (*swedana*) and removing them by (*Nirharana*) the *Emesis*, *Catharsis*, *Enemata* processes. Both *Charak* and *Sushruta* have expressed these views in—what should have been—unmistakable terms as under:

दोषाः प्रवृद्धाः स्वं लिङ्गं दर्शयन्ति यथाबलं ।

क्षीणा जहति लिङ्गं स्वं, समाः स्वं कर्म कुर्वते ॥ च. सू. अ. १७६२

दोषाः क्षीणा बृंहयितव्याः, कुपिताः प्रशमयितव्या, वृद्धा निर्हर्तव्याः

समाः परिपाल्या इति सिद्धान्तः । सु. चि. अ. ३३३१

"Normal 'Doshas'—the *Tridhaatus*—should be carefully maintained since they perform physiological functions, (*swam karma kurvate*), when deficient they should be nourished, and when excessive and abnormal they show the abnormal properties according to their 'virulence' (*swam lingam darshayanti yathabalam*) and should be removed."

Modern scientists are finding "opportunities⁵ for further investigations on the *metabolic* aspects of psoriasis, "since," a restricted diet⁴ allowing 150-300 international units only, of Vitamin A daily, seemed to improve ten out of eleven cases of severe and persistent psoriasis vulgaris, seven patients showing complete clearing of the lesions." The use of a litre of fresh cabbage juice daily in peptic ulcer cases was found by G. Cheney 'to warrant'³ further studies since the average crater healing time came to 10.4 and 7.3 days respectively in duodenal and gastric ulcers'; Diets deficient in 'lipotropic

† 'प्रकर्षेण वृद्धाः स्वस्थानाच्चलिताः' । डल्हण

'संहतिरूपावृद्धिः चयः, विलयनरूपावृद्धिः प्रकोपः । जेजट

substances"—choline, and the sulphur containing amino-acid methionine—led to a rapid development of fatty infiltrations in the livers of animals fed on high fat diets, or exposed to various hepatotoxic substances, which could be prevented by the inclusion of lipotropic substances in the diet⁴; On the other hand, Cystine,¹² an amino-acid essential for growth like lysine and tryptophane, was "found to play a role in the development of methylcholanthrene-induced leukaemia which was not associated with its properties as an essential, amino-acid for growth, but with some other attribute not yet determined."

All this actually proves nothing except the possibility that our diets contain a diverse amount of substances which have such a complex set of properties (gunas) that the deficiency of the same gross substance Carotene—Vitamin A, or Cystine, causes deficiency in some normal physiological processes, (xerophthalmia, night blindness etc., or arrest of growth respectively), but these very same substances if allowed to accumulate in the body above some as yet undetermined dose, are likely to give rise to 'metabolites' (?) which have some part to play in the production, or at any rate, in the increased incidence of, or persistence of diseases once produced by some other agency. This, to my mind, establishes the possibility of the theories put forward by men who certainly proceeded by "a subtle reasoning, by a sort of clairvoyance," so that "from time to time, things obscure to others became clear to them."^{2b} If such vision, which made things obscure to other is clear to them, could be allowed to modern scientists, who, "are guided by chance" and "do not know that they are doing", if it could be said with justification that "our world would probably be different to-day," if "Galileo, Newton, or Lavoisier had applied ^{2b} their intellectual powers to the study of the body and consciousness," then certainly, Kapil, Paatanjali, and Agnivesh, Dhanwantari claimed this in a far greater degree, and their fundamental concepts are likely to tell THE TRUTH; What is a matter of great regret is, that the original concepts have been so defined through the centuries of annotators, as to progressively create a lot of confusion; Even so early as at the time of Dalhana ideas had apparently been confused sufficiently for him to make an attempt to explain away Sushrut's statement that Pitta and Agni are one and the same thing, for which he had specifically given more than one kind of proof, Agama, Pratyaksha and Anumaana. Sushrut's contention was apparently contradictory to Dalhana for certain substances were capable of 'allaying' (shamana)

'Pitta', yet were stimulating to 'Agni'; A little reflection would have shown that Sushruta tried to establish an identity between 'Normal' Pitta, (DHATU) and Agni, not between it, and the partially digested metabolites having a pathogenic character of burning.* This creation of an identity between the TRIDHAATUS and TRIDOSHAS, has often so completely befogged the issues that competent writers do not agree on the interpretations of the texts, that 'SAMA' has come to loose its 'physiological-function' connotation (prakrit-karma-roopa or 'normal'), and has assumed a mathematical 'quantitative', or algebraic 'proportion' connotation,^{8a} or is even referred to as a parallelogram of Kapha-Pitta-Vata forces!, and a research for the isolation and identification of the "Doshas, the material substances forming the body constituents," is advocated.¹

Be that as it may, it is sufficient for our purpose to recognise the basic concept in Ayurveda that Budhdhi also has the four kinds of Yogas, one normal, and three abnormal. That the abnormal yogas include all the unpropitious actions which a man is likely to perform as a result of faulty imagination, (Dhee), resolution, self-command or courage, (Dhriti), or memory, remembrance,—of past experiences,—(Smriti); All are known as 'Pradnyaaparaadha' which is likely to render all the 'doshas' capable of invading the body. Artificial stimulation of natural reflexes (of excretion,) fool-hardiness, excessive sexuality, deliberate use of things known to be harmful or injurious, in fact, any kind of 'karma' which is performed as a result of misdirected 'activation', (Raja), or 'suppression' (Tama), is Pradnyaaparaadha, and leads to diseases.

धी धृतिस्मृतिविभ्रष्टः कर्म यत् कुरुतेऽशुभम् ।

प्रज्ञापरायं तं विद्यात् सर्वदोषप्रकोपणम् ॥

उदीरणं गतिमतामुदीर्णानां च निग्रहः ।

सेवनं साहसानां च नारीणां चातिसेवनम् ॥

ज्ञातानाम् स्वयमर्थमहितानां निषेवणम् ।

*Eminent biologists have studied how the original amoeba recognised 'the disadvantage of being very small' that 'you are not big enough to be out of reach of annoyance by the mere organic molecules of the environment, 'and' therefore, increased its surface; How climatic and other natural phenomena have affected human history; How defects in the soil led to defects in the food of animals, which, as a result exhibited abnormal instincts attributed variously, to bacteria, parasites, or poisonous plants! In fact, how 'enlightenment' or revelation (SATTVA) led to higher and higher forms of life, until ultimately, "We" civilized men, "2c" are independent of our environment,.....our intelligence has set us free"!

यच्चान्यदीदृशं कर्म रजोमोहसमुत्थितम् ।

प्रज्ञापरायं तं शिष्टा व्रते व्याधिकारणम् ॥

बुद्ध्याविषमविज्ञानं विषमं च प्रवर्तनम् ।

प्रज्ञापरायं जानीयान्मनसो गोचरं हि तत् ॥

च. शा. अ. १।१०२, ०३, ०५, ०८, ०६

The remaining 'prerana' of diseases is the 'asaatmya-indriyaarth-samyoga'. This does not need much elaboration. It is, for one thing, mainly dependent upon the 'intelligence' (Pradnyaa) of the individual,

प्रज्ञापराधादहितानर्थान् पञ्च निषेवते । च. सू. अ. २८।३६

and where it does not so depend, the injurious effects of 'rays' and high pressure or velocity waves which are not 'saatmya' that is, which are beyond the usual range to which one is accustomed, are well known. What is important from the Ayurvedic point of view is a 'heena' 'mithyaa' or 'ati' yoga of food, for almost the whole field of Ayurvedic pathology depends upon the theory of production of pathogenic metabolites accumulated as a result of these; There can not be a 'heena' or 'ati' yoga of the quantity of food for this depends on the kind of 'agni' the individual is endowed with. I have referred above to the view of Sushruta, that Pitta which performs the functions of dealing with food, digesting and metabolising it, is termed 'Agni':

पित्ते दहनपचनादिष्वभिप्रवर्तमानेऽग्निवदुपचारः क्रियतेऽन्तरग्निरिति ।

सु.सू.अ. २।१६

but the main difficulty in reconciling this meaning was other references to the 'agni' which described it as 'abnormal' (Vishama), 'intense' (Teekshna), 'sluggish' (Manda) and 'normal' (Sama), according to whether the individual had a predominant 'roukshya-chala' (skinny-excitabile) or Vata prakriti, 'teekshna-Sattva' (brainy-acid) or Pitta prakriti, or 'manda-sthir' (sluggish-plethoric) or Kapha prakriti. The question which confronted Dalhousie and other annotators was obviously this description of Agni with different characters in 'normal' (or swastha) individuals; Actually it shall be seen that where Pitta is predominant the 'agni' is intensive, where 'Kapha' is predominant there is a sort of low metabolism, and where Vata is predominant no rule can be laid down: It can be easily understood that according to the food and behaviour of the parents the germ cells will slowly come to acquire certain properties by means of which the processes of assimilation, metabolism, and excitability or impulsiveness will be different in

the offspring, emphasis being laid on either this or the other of these functions. Charaka calls them—although slightly,—diseased individuals in unmistakable terms, and enjoins for them a different type of 'life'—with regard to food and behaviour—even when they have actually no manifest disease;* They are liable to get certain diseases more easily than others etc. (according to the 'prakriti'), and these we shall study as Diatheses in the next article; Here it is necessary to note that the quantity of food required may vary, but its quality is more important i.e. the 'mithyaa' yoga of the organ of taste is most important through since it alone the pathogenic metabolites, which are the basis of the whole pathology in Ayurveda, are going to be produced. (Ayurveda, therefore, gives a very exhaustive treatment to the subject of food.)

आहारसंभवं वस्तु रोगश्चाहारसंभवाः । च.सू.अ. २८।४५

Parinama refers to the Time (Kaala) required for the ripening of the deeds of the past birth, or of the periodic fevers etc. and has been referred to while considering the diseases likely to be caused by seasonal variations.

We have seen that the original Ayurvedic authors divided all classes of individuals into groups which exhibited a predominance of either the growth-assimilation, the metabolic changes, or the impulsive or (dryness) factor, and we shall consider these next.

1. Banerjee, D. N. Basic Researches in Ayurveda ; Jour. Ind. Med. Assocn. XVIII, 53, 1948.
2. Carrel A. Man The Unknown.
(a) p. 23, (b) p. 34, (c) p. 63—65, (d) p. 74. Pelican Books.
3. Cheney G. (California Medicine, January 1949, 70,10)
as quoted in the Practitioner, Vol. 162. p. 345, April 1949.
4. Davis, L. J. The Modern Concept of Cirrhosis of the Liver,
The Practitioner, Vol. 162, p. 175, March 1949.
5. Hoffman R, Lorenzen, E. J. and Garfinkel, A. S. New Engl. Jour. Med.
236 ; 933-937, June 19, 1947.
as quoted in this Month in American Medicine. Vol. 2p. 400, 1947.
6. Huxley Julian. Man In The Modern World. p. 62-63. Lon. Chatto and Windus 1947.

* वातलाघ्वा सदातुराः । दोषानुशयिता ह्येषां देहप्रकृतिरुच्यते ॥ विपरीत-
गुणस्तेषां स्वस्थवृत्तेर्विवर्हितः । त्रयस्तु पुरुषा भवन्त्यातुराः, ते
त्वनातुरास्तन्त्रान्तरियाणां भिषजाम् ॥ च.सू.अ. ७४०-४१
तस्य तस्य किल दोषास्याधिक्यात् सा सा दोषप्रकृतिरुच्यते
मनुष्याणां, च.वि.अ. ६।१५-१३

7. Muller Max. Six Systems of Indian Philosophy.
8. Pathak, B. A. Scientific Memorandum. Appendix B-I (2) p.
(a) p. 221, (b) p. 231.
Report of the Comm. Ind. Sys. Med. 1948.
9. Raja, K. C. E. Indigenous Systems of Medicine & Homeopathy in
Relatn. to State Hlth Services. App. B-I (9). p. 293-94. Report of
Comm. Ind. Sys. Med. 1948.
10. Srinivāsmurthi. G. (Capt). Mem The Science and the Art of Ind. Med.
App. B-II (i).
(a) p. 306 (b) 313 Report Comm. Ind. Sys Med. 1948.
11. Walker, K. Human Physiology. p. 14-16 Pelican Books.
12. White, J., White, F. R., and Mider, G. B., Jour. Nat. Cancer Inst ,
7 : 199-203 Feb. 1947
quoted in this Month in American Medicine., Vol. 2., p. 428., 1947.

The Ayurvedic Interpretation of Medicine

By DHARM DUTTA *Sidhant-Alankar, Ayurveda Bhushan, Kankhal*
(U. P.)

TREATMENT OF THE DISEASES OF VAYU

PREVENTIVE TREATMENT

A person born with 'Vatic' temperament should take care to live within the limits of his bodily capacity and to avoid all that tends to drain his body of its diminished vitality. He should be on his guard not to put stress and strain of over-work on his body and even to fall a victim to emotional excitement. One with low vitality is apt to form the habit of worry and anxiety over trifles. This habit should be carefully guarded against and on the contrary a habit of always being clearful, contented and of keeping one's mental poise should be cultivated. By taking rest, recreation and sleep the lost energy is restored. Therefore one with low vitality is required to take enough of them after one's days labour is over. In addition to them enough of food that is light, nutritious, and easily assimilable should be taken. (Achintan, Harshan, Santarpan, Brinhan-Chikitsa.)

Though rest has an important place in the regime of an asthenic or 'vatic' person, graduated and judiciously regulated physical exercise in the form of various 'Aasans', walking, massaging is of great value to increase the tone and energy of the body. In the same way though it is the nutritious food that can increase his vitality but since

his digestive power also is weak in proportion to his general weakness, over feeding and indulging in heavy and bulky meals should be carefully avoided. They lead to indigestion, which in turn produces habitual constipation and which in turn is attended with auto-intoxication which reducing vitality brings about various disorders of 'Vayu'.

Focal sepsis that is the pus in the tonsils or sinuses, or in a dead tooth or in any part of the body in a person of 'vatic temperament' is likely to lower the vitality. When it is found it should be treated vigorously.

Metabolic toxins are liable to get accumulated in one who is of asthenic temperament, hence he should be careful to purge his body of toxins by taking mild purgatives off and on. The use of such nutrients and tonics as cow's milk, butter, ghee, almond oil, or the powder of 'Shataavari' or 'Ashwagandha' or 'Haritaki' or 'Amalaki' or 'Madhuyashti' with ghee or the use of some medicated tonic 'ghrit' as 'Shataavari Ghrit' or 'Dashmulaadi Ghrit' in the morning helps in preserving vitality.

CURATIVE TREATMENT FOR THE DISEASES OF VAYU

ELIMINATIVE TREATMENT

(SHODHAN CHIKITSA)

The people of Vatic temperament having weak digestive power are liable to suffer from dyspepsia and the resultant mal-products working as poisons give rise to various disorders of Vayu. Hence indigestion should be looked for and treated. If the mal-products resulting from the indigestion of proteins are at fault, as they are in the patients of asthma and urticaria (vatic shwaas, vatic shitpitta) etc., the proteins in their food as milk, curd, pulses, meat etc., should be cut down. In case the carbohydrates and sugar disagree with the patient as they do in diabetes, obesity, flatulent dyspepsia, and sprue (madhumeha, medo vridhi, vishtambhajiran, grahani rog) they should be deleted from the dietary of the patient. When it is the amount rather than the class of food that is at fault, as happens in the case of rheumatism, gout, etc. (Aamvaat, Vaat Rakt) it should be brought to a minimum that is easily digested.

Exposure to cold and living in damp weather, and all diets and drinks of cooling nature, impair digestion and promote dyspepsia, hence they should be avoided by one who is liable to suffer from the diseases of Vayu.

Since the process of metabolism is weak in those whose vitality is low, it is natural that the normal or abnormal products of metabolism may get accumulated in the body and become the root cause of deranging the Vayu. In order to eliminate these bodily poisons some or all of the five eliminative measures (Panch Karm) are resorted to. To get rid of the poison recourse is taken to the purgative treatment (Virechan chikitsa). Since the patients suffering from the diseases of Vayu-disorder are weak, only mild purgative as castor oil along with the warm decoction of such medicines as "Dashmool" (ten roots), Shunthi (dry Ginger), Guruchi, Errendmool, Ashwagandha, Shataavri, Balaa, Haritaki, Devdaru etc., should be given or one drachm of 'Trivrit' or Haritaki powder mixed with eight grains of Shunthi may be administered with the 'Anupan' of milk or the decoction of Raisins, Haritaki, Amlaki, Fig, Rose petals, Senna, Anise, Cassia etc., may be given.

Like the use of purgatives that the emetics also as half a drachm of Madan Phal or emetic-nut powder given with warm salt-water induces vomiting and eliminates poisonous substances, especially, if they are situated in the upper portion of the body as stomach, respiratory passages, eye, ear, nose, throat, etc.

Besides these two methods 'Vasti' or the use of enema is considered as the best method for eliminating the poisonous substances and counter-acting autointoxication going on in the body. When one or two pints of warm saline water mixed with honey, till oil, whey, etc. or some light decoction prepared from tonic herbs such as Dashmool, Balaa, Barley, Devdaru etc., mixed with salt, honey, Gud, Til oil, whey, Asafoetida, is run into the rectum it is called 'nirooha vasti'. In case 4 oz. of sesamum oil, olive oil. Some of the oil prepared from tonic herbs such as "Maash tel", "Naraayan tel", "Balaa tel" is introduced into the rectum and retained for some time, it is called 'Anuvaasan Vasti'. Such Vastis as are eliminative as well as nutrient are considered more useful for the patients of Vayu-disorders. There is some reason to believe that toxic absorption generally takes place from the bowels, hence importance of the 'Vasti' or colonic douche may easily be gauged. For those who are weak and feeble 'Vasti' is the best method which evacuate the bowels without weakening the patient.

DIAPHORESIS (SWEDAN) :—

Prior to administering an emetic or purgative or a Vasti the patient is given a steam bath or hot air bath, or such bath, for

about 30 minutes. This treatment by heat or thermotherapy is called "Swedan" treatment. When this is applied to a part or whole of the body it stimulates circulation of blood, carries the toxins lying in the tissues to excretory organs, such as bowels, kidneys and skin etc., induces perspiration. Thus it not only helps in eliminating the toxins but provides the organs with fresh blood which contains nutriment and defensive agents. The toxins driven out from the tissues naturally are brought to the bowels, where from they are subsequently evacuated by means of purgative or emetic, or "Vasti" treatment.

• SNEHAN : (OILING) :—

Since 'Swedan' or treatment by heat is depressant, prior to its application the 'Snehan' treatment is given to the patient. 'Snehan', of the body consists in applying the simple or some medicated oil as 'Maash tel', or 'Narayan tel', all over the body with some friction and ingesting of 'Ghrit', mixed with some light gruel. This soothes and lubricates the passages of the body through which the toxins and excretions pass and thus prepares the way for their easy removal. Besides, this method of oil-massage quickens the circulation of blood and lymph and dislodges the toxins and increases the vitality of the tissues. Hence the oil-massage is considered to be a valuable method for the treatment of disorders of Vayu.

INSUFFLATION : (NASYA) :

Insufflation into the nasal cavity also helps in the treatment of the disorders of Vayu. Powders consisting of such irritants as Dry ginger, Black-pepper, Long-pepper (Trikatu), Kat Phal, Vach, Salt, Camphor etc., eliminate toxins by increasing the nasal excretion, and thus are indicated in the treatment of mental and brain disorders such as Nervous Headaches, Epilepsy and mild types of Insanity. Instilling of nutrient oils such as 'Anutel', 'Maash tel', 'Narayan tel', being restorative is given in the weakness of the eyesight, tinnitus (Kaṅghosh), nervous headache and chronic degenerative diseases of the nose.

The purgative or the emetic medicine for elimination purposes is given once a week, and is every time preceded by 'Snehan', and 'Swedan' treatment. This eliminative (Shodhan) treatment should be continued till the symptoms show attenuation.

BLOOD-LETTING :—(RAKT MOKSHAN) :—

Blood-letting by venisection (Shiraavedh), cupping (Alabu) or application of leeches is a time honoured remedy first introduced by Ayurveda for the elimination of the bodily poisons, withdrawal by

venisection of blood up to the extent of 10 to 20 oz. often gives prompt relief in intoxication (Mada), epilepsy, nervous headaches, neuralgias, chronic skin disease as arise due to the presence of some poison in the blood or high blood pressure, provided the patient is robust and is able to withstand the consequent weakness. Local blood letting by cutting or by the application of leeches goes a long way in alleviating the localised pains.

PALLIATIVE TREATMENT:--(SHAMAN CHIKITSA):—

The object of treatment of 'Vatic' patient is to increase the elements of earth, water and fire and at the same time to decrease the element of Vayu in his body. This purpose is achieved by adopting a dietary and mode of life that tend to tone up the body, improve digestion and general health and keep the mind calm and cheerful. The diet should be generous nutritious, fatty, easily assimilable and of heating or stimulating type (Ushna) avoiding all that is of cooling nature or depressive (Shit). His food should consist of Cow's milk, butter, ghee, oil, whole meal bread, meat soups, fruit juice, green vegetables, dry fruits, hot water, and hot drinks. He should live restful and care free life in a place which is warm and free from draught or cold breeze. He should be shielded from exposure to cold or annoyance or excitement. Massage with 'Maash tel', 'Balaa tel', 'Narayan tel' or any nutrient oil all over the body once or twice a day accompanied with saturation of the head (Shiro Vasti) with one of these oils and instilling of 'Anu tel', in the nasal cavity followed with tepid bath infuses new life into the body.

Regarding medicines all the drugs that are tonic, alternative, nutrient, stimulant, digestive, nervine sedative are beneficent for the disorders of Vayu. Thus 'dashmulaarisht', 'dashmulaadighrit', 'Maha aswagandhaaghrith', 'Maha raasnadi decoction with ghrit' and preparations made of gold, mica, pearls and other Ratnas such as Nav Ratnamrigank, 'Chintamani Chaturmuka', Maha Lakshmivilaas', 'Vaatchitamani', 'Vasant Kusumakar' etc., and 'Yograaj Guggulu', 'Shilajatu, makaradhwaj with Kasturi and camphor are generally used for the disorders of Vayu. For the 'Vatic' disorders of the intestine, Hingu-Trigun tel, (Ashtang-Gulm), Lashunaashtak, Hingwastak, Hinguadi with ghrit; for the Vatic disorders of the respiratory symptoms, dashmulaadighrit, dashmulaarisht, Pushkarmulaasav, Chyavanprash, Amrit Prash, Shatpal-ghrit, etc., for the Vatic diseases of the eye triphala ghrit; for the Vatic skin diseases, Tikt ghrit; for the vatic

diseases of the brain, Brahmi ghrit, Paishachik ghrit, Saraswatarisht ; for the vatic disorders of heart and blood and blood vessels Shilajit with Triphala, Abhayaarisht, Triphala ghrit, Punarnavaarisht, Dashmool Haritaki, Chyvanapraash etc. are prescribed generally.

(Continued)

Ante Natal Care in Ayurveda

By SRI VALLURU SUBBA RAO, A.M.A.C., A.L.I.M. etc.

Valluru, Guntur Dt., Andhradesh.

(Continued from last issue.)

FACTORS GOVERNING GROWTH

The growth of the foetus depends on the good health of the mother and of the father, and on observance of hygienic rules by the mother ; on natural development changes during the nine months ; natural growth ; on the oleaginous secretions from the uterus and the whole body of the mother ; and on the heat generated by these secretions.²¹

FACTORS GOVERNING NUTRITION

Immediately after fecundation, the vessels (Dhamanis) which carry the lymph (Rasa) and run in all directions through the material body, foster the foetus with their transudation all through the life of the foetus.²² The lymph (Rasa) formed from the food and drink of the mother fulfils three purposes :—(1) To nourish the mother's body, (2) to produce milk in the breasts, and (3) to nourish the foetus. Through the umbilical cord (Naadi) the essential part of the lymph enters the foetus, and hastens its growth and development.²³

The growth of foetus in the womb is affected by the lymph incarcerated by the Vayu in the internal passages of the foetus's body ; growth is caused by the fire element (Jyoti) in the umbilical region of the foetus fanned by the Vayu in the body of the foetus ; Vayu in combination with fire (Agni) expands the upward-lateral and downward covering channels in the foetus and thus brings about its growth.²⁴

The preservers of the life of foetus are the Fiery and Lunar principles (Pitta and Sleshma) and Vayu, the three primary qualities (Sattwa, Raja and Tama) the five sense organs ; and the self conscious

personality (Karma Purusha) the self originates from the 'Rasa' and is thus dependent on a proper regimen of diet and conduct.²⁵

The fœtus feels neither thirst nor hunger depends for its nourishment on its mother and is fed by various juices that ooze out of the mother's womb; these oleaginous juices enter through its skin pores or the umbilical cord; the mother's heart pours continuously various nourishing juices into the cord.²⁶

EXCRETIONS OF FŒTUS

The fœtus does not excrete faeces or urine owing to (1) the scantiness of faecal matter in the intestines and (2) the obstruction and consequent diminished admission of Vayu in its large intestine; it does not cry much as its mouth is covered by the amniotic membrane (Jara) and its throat is stuffed with Kapha; respiration, sleep and movements are affected through those of its mother.²⁷

DEVELOPMENT OF SENSORY FUNCTIONS

The fœtus begins to feel pleasure and pain immediately after the differentiation of the sense organs; it therefore starts moving in the uterus; the fœtus has as it were two hearts. The mother contributes to form its heart, which is joined to that of its mother by Lymph—carrying ducts; these ducts feed the fœtus; since the hearts are so closely bound, the desires are either of the same; the desires of the fœtus are thus expressed through the mother; these desires should not therefore be neglected by the mother or other relations; otherwise the fœtus either dies, or is deformed.²⁸

Gratification of these desires ensures the birth of a strong and long-lived child.²⁹

The fœtus feels pain in the same part of its body as the one in which its mother feels; whether this pain be from an injury, or be the result of a deranged humour (dosha).³⁰

CARE OF THE CHILD IN THE WOMB

Regimen: The rules laid down for the guidance of a woman in her menses should be strictly adhered to. The enciente should keep herself clean, should wear clean white garments, should not touch nor come in contact with unclean, deformed or maimed persons, and should forego the use of foetid smelling things; constant anointing and cleaning of the body with phyllanthus emblica (Amalaki) and curcoma longa (Haridra) should be given up.³¹

Immediately on the ascertainment of conception the enceinte should avoid all kinds of physical labour, journey by carriage or in any conveyance, sitting on one's haunches, sexual intercourse, fasting, other causes of emaciation of body, day sleep, keeping late hours, indulgence, fright and voluntary retention of natural urgings of the body.³² She should not wear red garments³³.

Diet: The mother should avoid the use of dry, stale and dirty food, and also the one prepared at overnight; her food should be amply sweet, palatable, well cooked, prepared with appetising drugs, and abounding in fluid substances³⁴. She should never fast. She should always take ghee and milk.³⁵

Temperament: The mother should always keep a happy joyful spirit, should wear clean ornaments, engage herself in performing peace-giving and benedictory rites, and live in devotion to Gods, Brahmins, her elders and superiors; she should avoid dreadful sights and painful or agitating sounds, she should avoid resort to cremation grounds, or to a solitary retreat or to a haunted tree: she should not sit under the shadow of a tree; indulge in anger, fright, or in the fifteen kinds of irascible emotions should be deemed injurious³⁶.

MEASURES HARMFUL TO THE FOETUS

The mother should not sit on hard and irregular ground, she should restrain the passage of flatus or urine, nor do hard labour; she should not eat less, not eat hot or pungent food. She should avoid the causes of abortion *viz.* a blow on the foetus, constant pressure on that part of the abdomen, travel in bad conveyances on uneven grounds, hearing of sudden loud sounds like that of gun fire. She should not sleep on her back, for the umbilical cord (Naadi) twines then round the neck of the child. If a healthy child is desired it is best to observe health rules and proper regimen; if there be any disease, mild medicines only should be taken. Emetics, purgatives, errhines, and venesection are forbidden; and unless there be a severe malady no medicated enemas should be given, inhalation of smoke is indivisible³⁷.

Fomentations, errhines and emetics should not be given and enema should be given on the seventh month only³⁸.

Cauterisation with alkalies should not be done, and excessive oleaginous medication should be avoided³⁹.

Strong remedies are contra indicated to the pregnant woman⁴⁰.

The enceinte is in such a delicate condition that any irregularity in food, or shock is unbearable and brings on an abortion⁴¹. From the

7th month the enceinte is not fit for sexual intercourse; and from the 8th month, it is absolutely forbidden. Vyaasa says that she should not have sexual intercourse from the 2nd month when she knows that she is pregnant or after the 3rd month when the ceremonies for a male child (Punsavan) are concluded⁴².

(Continued)

Glaucoma in Ayurvedic Literature

By DR. P.N. BHAT, L.I.M., Shushruta Eye clinics, Kasaragod, S. Kanara.

(Continued from last issue.)

CAUSATION OF DISEASE

With regard to the causation of Adhimantha, Ayurvedic view has been that it is a disease of general Doshic disturbance. It may be stated without going into details of Tridosha pathology, a vitiated condition of the Doshas is the cause *par excellence* of glaucoma. In a vitiated condition of the Doshas actually the disease may be precipitated by one or more of the following causes :—

उष्णभित्तस्य जलप्रवेशाद् दुरीक्षणात् स्वप्नविपर्ययाच्च ।
 प्रसक्तसंवेदन शोक कोप क्लेशाभिघातादतिमैथुनाच्च ।
 शुष्कारनालास्त कुलत्थमाष निषेवणाद् वेगविनिग्रहाच्च ।
 स्वेदाद्रजोधूमनिषेवणाच्च छर्देर्विघाताद् वमनातियोगात् ।
 वाष्पग्रहात् सूक्ष्मनिरीक्षणाच्च नेत्रे विकाराञ्जनयन्ति दोषाः ।

Much water is said to have flown under the bridge since the above lines were written by Sushruta. But it can be asserted without fear of contradiction that the ideas contained in general and the principles in the above verse are as true today as they were when first written.

Glaucoma is not a microbic disease and the theory has not been altered in that respect. It is essentially a disease due to defective elimination of the Doshas. The disease never occurs in a perfectly healthy individual. With all our knowledge of the morbid anatomy it is wrong to assume that it is a local disease affecting the eye. It has been rightly characterised as "a sick eye in a sick body". In the course of the last century a large number of theories have been advanced in modern medical literature about the causation of glaucoma, which it is not possible to review in the brief

space of this article. But most of them have sought to explain the disease by conditions obtaining in the eye and centre round the one idea that the disease is a pressure symptom. Pressure or hardness of the eyeball is one of the important symptoms of the disease. The most interesting and important among these theories is that of Priestly smith. According to this theory, there is a predisposition running in certain families, to get the disease. The factors that determine this predisposition are: (1) smallness of the eye, (2) shallowness of the anterior chamber and (3) continued growth of the lense (the lense is known to grow throughout life whereas the eye stops growing after a certain age, thus in old age there comes about a disproportion between the lense and the eye.) These factors cause an occlusion of the space around the lense resulting in the damming up of the aqueous which normally passes through the circumlental space into the anterior chamber. This growing quantity of aqueous pushes the lense formed against the iris which in its turn obliterates the angle of filtration.

Donders ascribes the increased pressure in the eye due to increased secretion of the aqueous by the capillaries of the ciliary process. Von Graef suggested that the disease is due to inflammation of the choroid (vascular tunic of the eye).

Another line of thought has developed the theory that the disease is due to certain chemical toxins. There is an increase in the hydrophilous colloids in the eye due to general acidosis. Uribe Trouse has demonstrated that the albumen content of the aqueous is appreciably increased from the earliest stage of glaucoma. The explanation of the occurrence of colloid particles is found in the capillary instability accompanied by dilation and increased permeability. There is a theory that the living body contains two groups of substances mutually antagonistic—a histamine group acting as a dilator of the capillaries, and adrenalin group acting as a constrictor. There is a constant give and take between these two groups of substances in an effort to maintain the dynamic equilibrium. Whenever one group gains ascendancy over the other a disturbance of capillaries occurs and puts the patient on the borderland of the pathological.

It is agreed that the source of the aqueous humour is the blood stream circulating through the ciliary process. These processes are nothing more than masses of capillaries protected by very delicate epithelial cells. The aqueous is formed by a process of dialysis through the walls of capillaries. But in order to keep the aqueous perfectly

transparent, nature has so arranged that the permeability of these capillaries is the lowest, though in other respects the aqueous is comparable with the general lymph. It is a well-known fact that the permeability of the walls of the capillaries varies within wide limits in different organs. The eye with its relative impermeable capillaries is at one extreme and the liver, whose functional requirements demand a very free permeability of its capillaries, is found at the other extreme in the scale.

The cause for the change in permeability of the capillaries must be sought in the state of the general health of the patient. The eye is not only in the body but of the body. Call the general change in health, the diseased state of the system, a doshic disturbance, defective elimination, auto intoxication or liberation of lustamine group of substances, these words do not make much difference to the clinician. The fundamental clinical observations in the stanzas quoted above from Sushruta are within the everyday experience of the practitioner.

The injurious effects of cold and hunger, mental distress, moral shock, worry, sleeplessness, fatigue, persistent constipation, suppression of the habitual discharges (Vegavinigraha) etc. in precipitating an attack of glaucoma are within the experience of every practitioner of ophthalmology.

Further, from pathological point of view as well as from the treatment point of view, certain analogy can be drawn between glaucoma and glomerulo-nephritis. The ciliary process in the eye and the glomeruli in the kidney show many common features. The chief function of both is to dialyze fluid through the walls of the capillaries. In the dialysate of both the eye and kidney we find at least a trace of every substance present in the blood plasma. The reaction of the normal aqueous is almost neutral but in glaucoma it is distinctly alkaline, an excess of sodium having passed through the walls of the capillaries. It has been observed that the sodium content of the blood gets diminished both in glaucoma and nephritis. The dilatation and the increased pressure in the capillaries cause a serious damage to the capillary walls which causes the escape of protein in the dialysate. The occurrence of albumen in the aqueous humour in glaucoma and the albumen in the urine in Nephritis bear a similarity in their process.

A similarity can also be observed in that both the eye and the kidney are contained within firm capsules of their own, the sclera in the case of the eye, and the capsule of the kidney in the case of the kidney.

—and an increase of tention in the respective organs is also noted. It can be stated that in nephritis a state of glaucoma exists in the kidney but only leads to suppression of urine instead of loss of vision as would happen in the case of the eye. In the case of the eye iridectomy or some decompression operation relieves the condition and in the case of the kidney decapsulation makes for the restoration of the function.

It will be seen that the above considerations only prove that the cause of glaucoma must be looked for elsewhere than the eye *i.e.*, in the general Doshic disturbance of the system and it is essentially this outlook that Ayurveda has preached from the time of Sushruta. We have also seen that the modern theories far from disproving the Sushruta's theories of causation, serve only as an amplification of those ideas.

News and Notes

SYNTHESIS OF MEDICAL SYSTEMS

(An appraisal of Report of the Chopra-Committee on Indigenous Systems of Medicines)

The Chopra Committee on Indian Medicines was constituted by the India Government to enable them to formulate a definite policy of the state in regard to Indian Medicines based on its fundamental principles.

The Report has to be judged by the Vaidyas carefully on its merits, and with a scientific open-mindedness without any bias or *sentimental* outlook (n) as the architects are all eminent authorities who have made a deep and critical study of Ayurveda.

Their recommendations comprised of short and long term plans (i) the short-term proposals aim at giving immediate Medical relief to the people (ii) the long-term plan gives an idea as to how Ayurveda should be developed.

'Truth is science' 'Truth is one and undivisible' therefore there cannot be many Medical Sciences. The committee has emphasised this point.

Medical Science has developed according to Desha, Kaala and Paristhiti *i.e.* place, time and circumstances, and so there are different methods of approach and treatment. These are only different aspects

of one Science. The main object of Medical science being prevention and cure of disease and maintenance of health, different methods of treatment are developed in different parts of the World by the Medical Scientists. It should therefore be possible to synthesise all such valuable knowledge into one, and this is very necessary in the larger interest of the world. Out of such a synthesis will immerge the best possible method of treatment. This will also enable to appreciate the value of different methods of treatment adopted in different parts of the world.

HOW SYNTHESIS IS TO BE ACHIEVED

There is no difference of opinion about the ideal of synthesis. Difference will, however, exist in regard to the method of achieving this ideal.

Jeevashaastra or the Science of Life is a complex subject. It has not been possible to obtain a full picture of the phenomenon of life. Modern Science is shifting and the theories which held the field one day are given up the next day. Uptill recently the 'Tridosha' theory was looked upon as unscientific but now the validity and utility of this theory for the maintenance of health is appreciated both by the Vaidyas and Doctors. I am sure that the modern Scientists will very soon not only realise but also be grateful to the Rishis who discovered the 'Tridosha' theory from the Jeevashaastra and based their method of treatment on that theory. From my experience and faith I am of opinion that '*Triphala*' Choorna i.e. a combination of three fruits on Tridosha principals and Pathya i.e. restricted diet and Vihaar alone will cure many of the 'Nija' (i.e. functional diseases). There may be some who may not appreciate this view.

THE WESTERN SYSTEM CANNOT BE THE BASIS FOR SYNTHESIS

Modern medicine has made great progress in Bacteriology. The Doctors and Vaidyas are yet to realise the tremendous advantage that will accrue to Humanity if the method of treatment and prevention developed for the Bacterial diseases by modern medicine are synthesised with the 'Tridosha' doctrine. Life is defined as the unity of body, mind and soul. It is the method of maintaining and restoring the harmony and equilibria of these units which will constitute the scientific way of treatment. It is necessary that the real synthesis should be based on the above consideration. If the basic principles of Ayurveda are true (assuming this position as granted) then THE WESTERN SYSTEM SHOULD NATURALLY.

MERGE INTO THE AYURVEDIC SYSTEM. The view of the Chopra Committee that Ayurveda should merge with the Western system of Medicines will not be correct because *the latter cannot be the basis for Medical Science*. It can only form the super-structure. Any other newer theory that may be evolved in the future may become part of that super-structure but cannot take the place of the foundation. Some of the patent Drugs, Surgery and other useful parts of Western Medicines can be incorporated in Ayurveda but this will not be the real synthesis.

THE ONLY BASIS OF MEDICAL SCIENCE IS TRIDOSHA SIDDHAANTA

The conditions precedent for the evolution of synthesis is a well-equipped Laboratory, Hospital, a well-stocked Library organised on modern lines, and good teachers with knowledge of both the systems of Medicines who can present a synthetic view of Medical Science as a whole. The basic books for synthesis should comprehend the pure and applied aspects of the Science of Life as well...as demonstrable truths. Till such books are made available there is no point in trying to teach synthetic medicines to students. Otherwise the students will suffer mental confusion.

The Committee has recognised the value of intutional and meditational methods of research; the Scientific nature of 'Tridosha' theory and the Ayurvedic view on Pathological events and Pathya or diet etics as special features. The Committee have also recognised the service Ayurveda has been rendering to vast population of our masses throughout centuries past historical visseitudes not withstanding. What more proof is required needed to prove that Ayurveda is a living Science?

I welcome the short-term proposal of the Committee for affording medical relief to the rural population.

The report of the Chopra Committee throws a great responsibility on the Vaidyas. Mere propaganda about the greatness of Ayurveda, sentimental speeches, pleading for unity through the several conferences and passing pious resolutions is of little value. Ayurveda alone can be the basis of Medical Science. Now the time has come to establish its soundness as a Science. I hope that the Vaidyas will give up their differences and get together for the upliftment of Science and Service to Humanity.

—Vaidya S. B. DIVEKAR

NEW ANTI-RHEUMATIC DRUG FOR BRITAIN

London, Aug. 29.—A small-quantity of cortisone, or Compound "E", the new American, drug for the treatment of rheumatic diseases, may soon be made available to the Empire Rheumatism Council for experimental purposes in Britain, it is learnt.

The drug is so scarce that only about 20 patients have been treated with it in the U.S.A. The Council hopes to receive it about the end of October.

An alternative source of supply of cortisone—available only in tiny quantities by extraction from ox bile—has been found in a tropical vine which grows in Africa, India, Burma the East Indies and the Philippines the British Medical Journal says.

Large-scale cultivation under equatorial conditions is contemplated, the journal adds.

U.P. GOVERNOR'S REPLY TO JHANSI ADDRESS

Replying to a welcome address presented by Ayurvedic University, he said he was in favour of Ayurvedic treatment, simply because "if I fall ill, which God forbid, an allopathic practitioner will pierce my body with injections while a *vaid* will cure me with a pill."

INFANTILE PARALYSIS: HOW TO AVOID INFECTION

Since there have been a few cases of poliomyelitis, commonly known as infantile paralysis, and since this disease has lately raised its head in an epidemic form in some cities of India, the following information is necessary for the guidance of the public:—

- (1) In spite of its name, adults may also become its victims.
- (2) It is caused by a minute organism called "virus" which enters the body through the mouth, the food passages and the nose. It has been proved experimentally that food contaminated by flies can produce the disease. Flies are carriers of this disease. All edibles should be protected from flies and every effort must be made to destroy flies.
- (3) The onset of the disease is generally with high fever and headache, running of the nose and occasional bleeding from it. Children are often drowsy and adults are usually restless. Stiffening of the neck is very often present. Paralysis specially of the leg is a common resultant. Mortality among children is fairly high, death being due to failure of respiration. Survivors are liable to suffer from varying degrees of paralysis of the limbs and degeneration of the muscles.
- (4) Cases should be reported at once to medical authorities.

- (5) Isolation of the patient is necessary for three weeks.
- (6) Infection is carried by discharges from the mouth and nose.
- (7) Water, if not chlorinated, should be boiled before drinking.
- (8) Children should not be permitted to bathe in streams, lakes and swimming pools.
- (9) Overcrowded places like cinemas and bazars should be avoided, particularly by children.
- (10) As much time as possible should be spent in the open air.
- (11) Personal cleanliness, cleanliness of the house and environment is essential and in particular hands must invariably be washed before eating or drinking. All cups, tumblers and plates in hotels and stalls where food and drink are sold must be disinfected.
- (12) Extreme fatigue should be avoided.
- (13) Sudden chilling as from a plunge into cold water on a very hot day should be avoided.
- (14) Gargling and nasal washes will be helpful. One in five thousand solution of potassium permanganate or as much of potassium permanganate as will produce a fairy pink colour in a glass of water provides a good disinfectant solution.
- (15) Cinema halls and theatres should be thoroughly disinfected in between shows.

RESEARCH ON D.D.T. SUSPENSION SOLUTION MALARIA INSTITUTE'S ANNUAL REPORT

Very effective results have been achieved by the Malaria Control Scheme, initiated in 1946, in the rural areas of Delhi province, says the Annual report of the Malaria Institute of India for 1947 just published. The incidence of malaria in Delhi urban area recorded further reduction during the year under review.

The activities of anti-Malaria organizations in the coalfield have been extended to include the collieries in Hazaribagh district and the six coalfields where such organizations have been set up represent more than 90 per cent of the country's output of coal.

An anti-Malaria organization has also been established in Coorg. Also, a pilot malaria control scheme has been put into operation in the nut growing area in South India with the co-operation of the Indian Council of Agricultural Research.

Anti-mosquito, anti-fly, anti-flea and delousing measures were instituted in the numerous refugee camps, successfully averting thereby the danger of insect-borne diseases in an epidemic form.

The suppressive and curative values of some of the new anti-malarial drugs were investigated. A large scale field experiment conducted in an hyperendemic tea estate in North Bengal has established the efficacy of paludrine as a prophylactic drug. Work on preparation of a D.D.T. suspension concentrate to develop an economical method of spray-killing of mosquitoes was continued.

Two training courses for medical officers, one for malaria inspectors and one for engineers, nominated by the different provincial Governments, railways and Indian States, were held.

Publication of the quarterly journal and health bulletins has been continued. The title of the former has been changed to *Indian Journal of Malariology*.

The number of the exhibits in the museum of the Institute has been further increased and they have proved instructive and popular.

NO NEW BANASPATI FACTORIES

No approval of sanction to the setting up of a new factory has been given since 1946, says a Government of India Press note. Under the expansion scheme of the Government in 1945 certain factories were allowed to be established and only those are being erected. But even of those sanctioned previously, approval to the erection of six factories, which had not made any progress, has been withdrawn.

PHYSICAL EDUCATION CONFERENCE FIVE-YEAR PLAN FOR BOMBAY

Bombay,—The Government of Bombay had allotted an amount of Rs. 26,00,000 to be spent on physical education during the next five years, said the Governor, Raja Maharaj Singh, here yesterday. Before long every district in the province would have an inspector and an inspectress to supervise physical education, he said.

His Excellency was inaugurating the first Bombay Provincial Physical Education Conference. Mr. S. K. Patil presided.

Raja Maharaj Singh said that the Government considered physical education for school children in the primary and secondary stages as very essential and had, therefore, made it compulsory both for boys and girls. Arrangements were being made to medically examine the pupils every year and to remedy any defects found. The Government had also directed that every school in the province should have a play-ground.

Mr. S. K. Patil said, "The most important issue before us is the building of a strong India, to have a people of a high morale and strength of character. We must build our youth properly. We must have healthy young men with self-confidence and a clear complex".

SHRI DHULEKAR'S SERVICE TO AYURVEDA

Shri Dhulekarji tabled a proposal before the Ayurvedic and Unani Re-organization Committee that coaching should be given from the III class right upto the B. A., in Ayurvedic Hygiene, Scientific and Psychological principles of Ayurveda and the basic principles of Ayurveda; and the students from the very beginning should be acquainted with the Indian culture and cultural evolution.

It is great satisfaction that the U. P. Provincial Health Board has accepted the said proposal. This is the first step that the U. P. Government has taken up in the matter. For this great achievement both the U. P. Government and the Founder President of the Ayurvedic University, Jhansi, Shri R. V. Dhulekarji deserves the gratitude of the culture loving people of India.

—K. P. BHATTACHARYA

MADRAS GOVERNOR & AYURVEDA

Dr. A. Lakshmiopathi and Baba Saheb Dr. N. S. Paranjape paid a visit to His Excellency the Governor of Madras, this morning at 9-15 A. M. on behalf of the All-India Ayurvedic Congress.

His Excellency the Governor was found to be very much interested in Ayurveda. His Excellency said that the villagers were very poor and could not afford the costly Allopathic treatment. The village Vaidya should be made more useful by giving him better training because an outsider will not be so willing to help the poor people.

CORRESPONDENCE

B. class medical practitioners—A reply

To

The Editor,

"Journal of Ayurveda"

New Delhi.

Dear Sir,

I request you to kindly publish the following lines in your correspondence column.

In your last month's issue (Journal of Ayurveda for August '49) Dr. A. Dattatreya Sarma and Mr. B. V. Ramalrahma Sastry have expressed the difficulties under which the B class practitioners of Madras are toiling. One has very much to sympathise with the lot the B class practitioners, particularly the qualified section among them. But in the course of the letter they have compared themselves to L. I. Ms. and say the following "Except in a few minor surgical operations and a few English knowledge, B class practitioners are in no way inferior to the L. I. Ms." I do not want that statement to go unchallenged. It is rank ignorance to give that statement as the difference between an L. I. M. and a B class practitioner. It is not my point here to say that B class practitioners are much more inferior to L. I. Ms. and the above correspondents may not like me to say that of them though they have chosen to say something disparaging to L. I. Ms. One wonders if that statement has been made to elevate the impression about B class practitioners or else to minimise the knowledge of L. I. Ms. In the latter case, I must tell the correspondents that it will effect them more, as they do not know even "the few minor surgical operations and a few English knowledge".

It is my request that such direct references should not be made about any qualification and I entreat the correspondents not to make this reference again or anywhere. We are letting ourselves down in the eyes of the public.

Coming to the correctness or not of the statement, I have to say the following facts. The L. I. M. undergoes thorough theoretical as well as practical training in all allopathic subjects—Anatomy, Physiology, Materia Medica and therapeutics, Pathology, Hygiene and Public Health, Medicine, Midwifery & Gynaecology, Surgery including ophthalmology and Medical Jurisprudence. Besides the above, he studies in his first year course General Science which includes Botany, Physics, Zoology & Biology and Chemistry both inorganic and organic. Parti-

ular importance is given to the study of Botany. He appears at the Govt. examinations in the above subjects at the end of the prescribed year. Mostly the examiners are from the other allopathic medical colleges. These subjects are taught to the L. I. M. in his five years course. It was found difficult to arrange these subjects even in the two year course for the A. L. I. M. diploma. The students of the A. L. I. M. course had the minimum general educational qualification of S. S. L. C. and a recognised Ayurvedic diploma. These students were put to much difficulty when they had to cover the entire allopathic subjects in two years. Further they had no training like the 5th year L. I. M. students called Apprentice Physicians, which helped the L. I. Ms. to be better suited for general practice. When this much has to be said of the two year A. L. I. M. course, it is strange to find our correspondents saying that all 'B' class practitioners can become 'A' class by a less than one year course. I am sure neither the L. I. M. nor the A. L. I. M. will sympathise with the views of the correspondents.

In my opinion a 3 year course for concentrated allopathic training will be required to give an Ayurvedic practitioner *with the S.S.L.C. qualification* that standard of the L. I. M. in the Allopathic System of medicine. The L. I. M. is able to cover the two systems in the 5 years course with some difficulty. Nevertheless it becomes possible for him to do it, for during the 5 year period he is able to make the necessary adjustments by eliminating wastage of time and overlapping of subjects. To call this knowledge "a few minor surgical operations and a few English knowledge" is a travesty of truth. The correspondents should have thought twice before giving their views on L. I. Ms. who are the products of the Govt. school (now college) of Indian Medicine (which has been considered one of the best of its kind by Col. Sir. R. N. Chopra) in an all India Journal like the "Journal of Ayurveda". It will create an incorrect impression in the minds of the readers of the journal from other parts of India.

Let us respect one another and try to get our grievances redressed by fairer means.

3rd Street,
Mannargudi,
20-8-1949.

Yours faithfully,
R. KRISHNASWAMI, L. I. M.
Regd. Medical Practitioner.
Secretary,

The Tanjore Dist. L.I.M. Association.

BHASMAS

(OXIDISED OR REDUCED)

—Metals, Minerals & Jewels—

(DOSE—Adults— 1—4 grains.

Babies up to 5 years— $\frac{1}{4}$ —1 grain.

Boys or girls from 6—12 years—1—2 grains.

Above 12 years—2—4 grains).

WEIGHT ; 1 Ratti = 2 grs., 96 Rattis = 1 Tola.

Mode of use :—Usually with honey or milk or butter and Sugarcandy.

Name of Medicine.	Indication.	1 Tola. 2½ Tolas. 5 Tolas.		
		Rs.	Rs.	Rs.
Akeek.	... Tonic for heart, purifies & increases blood, creates appetite and bestows vigour, promotes vitality, strength & lustre.	1/4	3/-	5/8
Anti-poisonous quartz (Jaharmohra)	See Ruby ...	1/4	3/-	5/8
Arsenic (Malla)	... Nervous diseases, asthma, cough, relapsing fever, chronic and intermittent fever and sexual debility.	5/-	12/-	...
Brass (Pittal)	... Cough, Asthma, Coryza, Worms, Colic, Anæmia, Cold and Stomach complaints.	2/-	4/12	9/8
Bell metal (Kaansya)	... Worms, Asthma, Bronchitis, Piles and Anæmia.	1/8	3/8	6/4
Cat's eye (Vaidoorya).	Hæmorrhage, Longstanding Leucorrhœa, bleeding Piles, T. B., Abdominal and Pelvic tumours, Asthma, Diabetes, Appendicitis.	50/-
Cinnabar (Hingul)	... Cough and fever, increases retention, beauty, memory, procreative energy & sexual debility.	10/-	24/-	...

Name of Medicine.	Indication.	1 Tola.	2½ Tolas.	5 Tolas.
		Rs.	Rs.	Rs.
Calamine (Kharpar)	Fever, T. B., Removes calcium deficiency in body and heat in the brain and eyes	-/12/-	1/12	3/-
Coral (Pravaal)	... Bronchitis, Cough, Asthma, Chest complaint, Promotes appetite, Checks hæmorrhage.	-/13/-	2/-	3/4
Copper (Tamra)	... Asthma, Chest pain, bronchitis, T. B., asthma, anæmia, piles, liver-trouble, catarrh, colic, blood impurities.	25-12/- 50-24/-	28/8 59/-
Conchshell (Shankh)	Colic, asthma, acidity, bronchitis entralgia, loose-stools, abdominal and pelvic tumours.	-/5/-	-/12/-	1/6
Copper Sulphate (Tutha)	Beneficial to the eyes specific in poison, leprosy and itches.	-/11/-	1/10	2/14
Diamond (Vajra)	Hectic fever, Broncho-pneumonia,, Chronic fever, Asthma, Rheumatism, T. B., Diabetes, Rupture anywhere in the body.	17/- per grain.		
Emerald (Panna)	... Consumption, T. B., Nausea piles, Anæmia, Kidney diseases and Swelling of body.	24/-	59/-	
Eggshell ovitesta (Anda Twak)	Leucorrhœa, Lumbago, Rickets and Anæmia.	-/14/-	2/-	3/12
Ferri Sulphus (Kasis)	Leucorrhœa and gonorrhœa stop bloody discharge and piles.	-/9/-	1/4	2/4
Garnet (Vaikraant)	... Leucorrhœa, gonorrhœa, T. B., hectic fever. anæmia, piles, bronchitis, akin to the quantities of diamond, asthma.	-/12/-	28/8	

Name of Medicine.	Indication.	1 Tola.	2½ Tolas.	5 Tolas.
		Rs.	Rs.	Rs.
Godanti Hartaal ...	Billious fever, malaria fever, hæmorrhage, dry cough, etc.	-/2/-	-/5/-	-/8/-
Gold (Swarna) ...	T. B. consumption, asthma debility, hysteria, diabetes chronic fever, regains normal health.	200/-	(1/- grain)	
Hart's horn (Shring)	As in stag's horn ...	-/5/-	-/12/-	1/5
Interior of conch shell (Shankhanaavi)	See conch shell ...	-/5/-	-/12/-	1/6
Iron (Louha) ...	Sprue, blood impurity, rheumatism catarrh, colic, asthma, bronchitis jaundice, liver and spleen complaints, anæmia, acidity, promotes digestion. Burnt 50 times	2/-	4/12	9/8
	" 100 "	12/-	28/8	...
	" 250 "	27/8
Lead (Naag) ...	Gonorrhœa, leucorrhœa, diabetes, piles, blood impurity, tonic, cures tumours	1/10	3/2	7/4
Iron (Rust) (Mandoor)	Cures complaints of liver and spleen, anæmia, jaundice, piles, increases R. B. C., Laxative, cooling and blood purifier. Burnt 50 times	2/4	5/5	10/8
	" 100 "	15/-	36/8	...
Lapis Lazuli (Rajavarta).	Urinary complaints, promotes memory, intellect and cooling.	4/-	9/8	18/8
Mica (Vajraabhrak) ...	Consumption, cough, whooping cough, asthma, palpitation of heart, nervous debility, hard breathing, chronic fever, coryza, bronchitis, spermatorrhœa, promotes vigour. Burnt 50 times	3/-	7/-	13/12
	" 100 "	10/-	24/-	...
	" 250 "	22/8	55/8	...

Name of Medicine.	Indication.	1 Tola.	2½ Tola.	5 Tola.
		Rs.	Rs.	Rs.
Mica (white)	... Fever, T. B., Bronchitis, Phes and Asthma.	1/4	3/-	5/8
Magnetic iron (Kaanta Louha)	Disease of impurities of blood, dysentery, anæmia, acidity, increases R.B.C., rejuvenating the sexual fluid, increases creative power.	6/-	14/-	27/-
Marine shell (Varaati-ka)	Bronchitis, asthma, T. B., cough, flatulence, hæmorrhage, colic, neuralgia, sprue, promotes vigour and appetite and cooling.	-/3/-	-/7/-	-/12/-
Nine gems (Nava-ratna)	T. B., diabetes, heart diseases, increases vigour and vitality and makes the face a glow with colour.	100/-	10/-, 16 grs.)	
Oyster shell (Seep)	... See Marine shell	-/4/-	-/10/-	1/2
Orpiment (Patra Hari-taal)	Nervousness. rheumatism, blood impurity, leprosy, syphilis, Ringworm, asthma, relapsing fever lung affection and carbuncles.	10/	24/-	...
Pearl oyster (Mukta Shukti)	Asthma, bronchitis, lung complaints, colic, dyspepsia, abdominal and pelvic tumours, flatulence creates appetite.	1/4	3/-	5/8
Peacock feather (Mayoor puchcha)	Asthma, Hiccough, Cough ...	2/-	4/12	9/8
Pyrite (yellow) (Swarnamakshik)	Keeps the heart, lungs, intestines, brain etc., in fit condition, relieves cough, pelvic tumour, inflammation, anæmia, constipation blood impurity.	1/8	3/8	6/4
Pyrite (white) Roupya makshik	Pneumonia, inflammation, worms, debility, bronchitis. asthma, anæmia, jaundice, enlargement of liver and spleen & colic.	-/10/-	1/6	2/8

Name of Medicine.	Indication.	1 Tola.	2½ Tolas.	5 Tolas.
		Rs.	Rs.	Rs.
Pearl (Mukta)	... Indigestion, all kinds of debility, consumption, hysteria, nervousness, chronic fever, cough, ricket, heart and seminal diseases, hæmorrhage.	80/-		
Ruby (Maanikya)	... Nervousness, billiousness, cough, increases digestive power, a tonic and vitalizer, T. B. and coma.	25/-	61/-	
Stag's horn (Shringa)	Enlargement of liver and spleen, colic and abdominal pain, heart pain, pleurisy, pneumonia, and ricket.	-/5/-	-/12/-	1/5
Silver (Roupya)	... Nervous diseases, hemiplegia, chorea, T. B., hectic fever, liver complaints, rheumatism, promotes intellect and memory.	7/4	17/12	34/-
Sapphire (Neelam)	... Asthma, piles, bronchitis, anæmia, hectic fever, T. B., epilepsy, coma diabetes.	25/-	61/-	
Silicate of magnesia (Sange-jaraahat)	Bleeding dysentery, hæmoptysis, hæmorrhage.	4/-	-10/-	1/2
Silicate of Lime (Sange-yahud)	Renal stone, retention of urine and urinary obstruction.	-/8/-	1/2	1/14
Silicate of Lime (Sang-e-yashav)	Diseases of brain, a tonic for heart, increases memory and intellect and cooling.	1/8	3/8	6 1/4
Topaz (Pushparag)	... Brain diseases, promotes memory, intellect, longevity, vigour and lustre and appetite, piles, hæmorrhage.	24/-	59/-	

Name of Medicine.	Indication.	1 Tola.	2½ Tolas.	5 Tolas.
Tolas.		Rs.	Rs.	Rs.
Tin (Bhasma) ...	Seminal impurities, urinary disorders, nocturnal emissions, leucorrhœa. It increases memory and power of retention.	1/8	3/8	6/4
Turquoise (Piroja) ...	See Topaz ...	9/-	21/-	40/-
Tin, Lead and Zinc (Tribanga)	Gonorrhœa, all seminal impurities, female diseases pertaining to the irregularities of menses and sterility.	1/8	3/8	6/8
Zircon (Gomed)	Heart and lung complaints, anæmia, promotes intellect and memory, power, strength, lustre and longevity.	24/-	59/-	...
Zinc (Yashad)	Bleeding piles, leucorrhœa, burning sensation when urination, acidity.	1/12	2/10	5/-

MENTOL

A BOON TO BRAIN WORKERS

Mental weakness is probably the most common disease of our days. Stout and healthy looking people also suffer from it, feeling all the time declined and have to drag themselves along, as it appears, to somehow complete their daily routine. Smiling and brilliant faces have now become a talk of by gone days and even young people do not seem to find much pleasure in life.

MENTOL is a boon to all brain workers, students, pleaders, Judges, clerks and for all others of the learned profession. It increases memory safeguard eyesight, strengthens the heart and cures fainting and fits. Debility due to excessive indulgence and mental depression quit immediately and redoubled energy and clear memory takes their place.

Direction—For adults: One tola or two teaspoonful to be taken twice daily morning and evening with milk.

For children: 3-6 masses or 1-2 to 1 teaspoonful.

Price: Bottle of 8 ozs. Rs. 7/-

Bottle of 4 ozs. Rs. 3/12/-

MAJUMDAR LABORATORIES,

90, Connaught Circus : : NEW DELHI.

For further enquiries please write to:—

MAJUMDAR AYURVEDIC PHARMACEUTICAL WORKS

90, Connaught Circus, New Delhi.

We have now opened a clinical department under the direct supervision of qualified and experienced physicians. Send the full history of your case in detail, and a stamped self addressed envelope for free Diagnosis and suggested treatment. Ask for a history chart with 2 anna stamp.

For further particulars write to :-

Manager,

Majumdar Ayurvedic Pharm. Works

90/8 C. Circus, N. Delhi. | Hauz Qazi Delhi.

Tele. No. 7366

5703

FOR
HAIR CULTURE



Constant use of this oil keeps hair soft, black and glossy.



Dhootapapeshwar Industries Ltd.

Panvel



Bombay

OLDEST FOUNDRY

FOR INDUSTRIAL & PHARMACEUTICAL MACHINES

Specialist in

TABLETS, PILLS, PASTE MAKING MACHINES

DRUG GRINDERS, DISTILLATION APPARATUS, JUICE PRESSES, ETC. ETC.

DIES FOR TABLET MACHINE, ROUND OR ANY SHAPE PLAIN OR WITH NAME

HIGHEST PRECISION AND THE BEST WORKMANSHIP AT THE LOWEST COST

MODERN MECHANICAL WORKS

LAL KUAN (NEAR KUCHA PANDIT) DELHI.

For Effective Treatment Of All Ailments

Use Ayurvedic tinctures and other medicines manufactured by

The Ayurvedic Compound Tinctures Limited
ALLEPPEY (S. India)

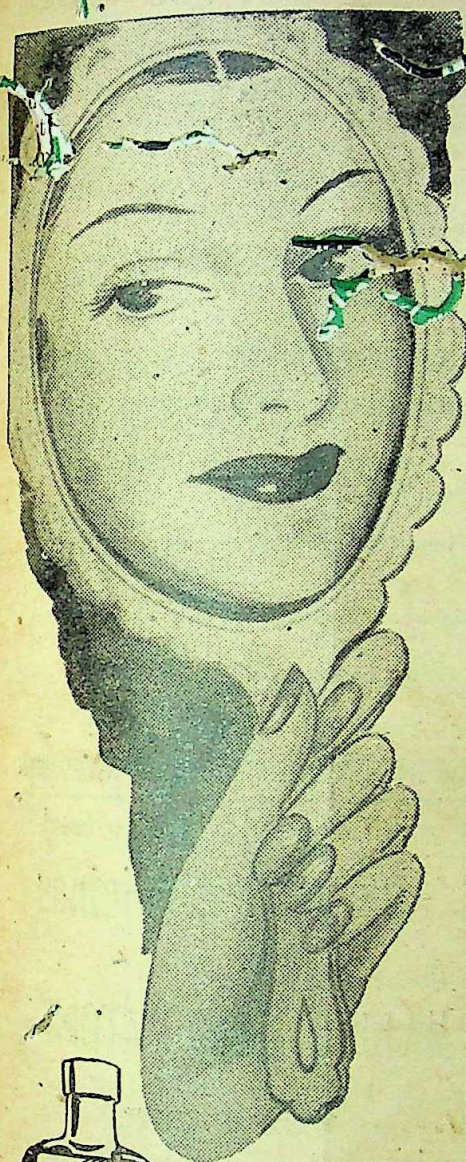
Technical Consultant & Adviser :

Vaidyasastranipuna, Gaveshakathilaka,

Dr. L A. Ravi Varma, M.B. & C.M. (Madras), D.O.M.S. (Lond.)

Retd. Director of Ayurveda, Govt. of Travancore.

Enquiries for catalogue and other particulars solicited



GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
Your Blood

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments, by taking this efficacious blood purifier—**SAFI**. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

Hamdard

HAMDARD

DAWAKHANA

LABORATORIES,

DELHI

H D D - I

USE

Misra Ayurvedic Injection and regain your
best health in the least time and money.

Ask For Free Particulars.

Manager,

G. A. MISRA AYURVEDIC PHARMACY,

(Regd.) Jhansi 23 U. P.

MALABAR AYURVEDIC STORES

Phone : 4116

Estd. 1924

107/108 Broadway, MADRAS, 1.

Paralysis :—Ksheerabala (101 Times Medicated) & Ayaveeram

Blood Pressure,
Mental & Nervous
Disorders

Special Malabar treatment.

Treatment for Cancer undertaken.
Consultation by post a speciality.

CATALOGUE FREE.

TRADITIONAL REMEDIES OF INDIA

announce

DIABALIEN

For Diabetes, Glyco-suria and allied
ailments.

Approved by the Medical Profession
All particulars are supplied to Medi-
cal Practitioners without obligation.

Sole Distributors : **BUYER'S BUREAU**
228, Vithalbhair Patel Rd., Bombay 4

Arvind Ayurvedic Injections
are

SUPREME

Renowned for the purity and potency
all over India and abroad.

Available at all good medical stores
or direct from the manufacturers

Catalogue supplied free.

Arivand Chemical Works,
Manufacturing Chemists,
Chindwara (C. P.), India.

For Genuine & Standardised

Ayurvedic Medicines

Please refer

MAJUMDAR LABORATORIES,

90/8, Connaught Circus.

NEW DELHI.

Apply for Agency & Sole-Agency.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/-. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request:

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay 1.

To our contributors.

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors' original articles are entitled to receive 24 reprints *gratis*; additional reprints may be obtained on payment. No reprints will be supplied unless contributors ask for them at the time of submitting their manuscripts.
2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the journal, before the reprints are ready. If reprints are not received within two months of publication of the journal contributors should write to the Publishers.
3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.
4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.
5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.
6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.
7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor. *The Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.
8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.
9. Communications for publishers relating to *subscription* and advertisements should be addressed to publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.
10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editors opinion, are objectionable.
11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7/8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. 1/8/- each. Outstation cheques must include exchange charges.

FOR MALARIA & ITS SEQUELÆ



QUINAGLOBIN

THE ANTI-MALARIA LIQUID

- ★ Acute & Chronic Malaria
- ★ Splenomegaly
- ★ Anaemia
- ★ Post-malarial debility



BOTTLES OF 4 OZS. & 1 LB.

COMPOSITION

Each fluid drachm contains :

Cinchona alkaloids	3	grs.
Liq. Arsenicalis	0.5	min.
Ext. Nux Vom Liq.	0.5	min.
Hæmoglobin	2.0	grs.
Proteolysed Liver Ext.	representing approx. 8 gms. of fresh liver	
Proteolysed stomach Extract	10	grs. of fresh Stomach
Copper	Traces	
Vitamin B ₁	150	I. U.

ALEMBIC CHEMICAL WORKS CO. LTD., BARODA

AL 375

THE JOURNAL OF

Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

Vol. 1 No. 10

New Delhi

October 1949

CONTENTS

Editorial 1

Articles :—

Medical Anthrology

—Dr. P. M. Mehta 13

"Our Customs and Practices in Relation to Health"

—Dr. V. Anantacharlu 17

The Ayurvedic Interpretation of Medicine.

—Shri Dharam Dutta 25

Ante Natal Care and Nutrition in Ayurveda

—Shri Valluru Subba Rao 31

News & Notes 38

Correspondence 41

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir,
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO., H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAU, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrititirtha, Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
*Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
Editor in Chief Journal of All India Ayurvedic Congress.*
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४)
मृत्योर्मांश्मृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

October, 1949

No. 10

EDITORIAL.

"Regrettable 'Leptocephalia' "

A quarter of a year after the publication of the Chopra Committee report, the Indian Medical Association has returned to the charge. One had awaited the publication of the official view-point of the Association about the report, and as months passed by without any adverse comments appearing in the Journal of the Association, one had begun to have a somewhat comfortable feeling that, perhaps, the Report is being studied in its entirety by the High-command of the Association, with a constructive attitude. The comments in the editorial columns of the June 1949 number of the Journal have given us, we must regretfully admit, a rude awakening. One had not entertained any high hopes about getting any 'bread' from the I.M.A., but, frankly, one was not quite prepared for the kind of "stone" which the I.M.A. seems to consider is what Ayurveda deserves! On the other hand, one was prepared for an unkind, trenchant, devastating, even scathing criticism of the Chopra Report, but one must admit one had expected it to be somewhat more rational than the parrotry of the editorial. One does not expect much logic-cogent reasoning from the I.M.A., for this 'valueless' subject does not form *any* part of any curricula (unlike poor antiquated Ayurveda, which seems to insist on such teaching!) of the modern scientific system of Medicine! The only logic that the modern medico comes into indirect contact with, is of the *reductio ad absurdum* variety which he has to use in arriving at the differential diagnosis of a disease, and persons well-versed in the art of correct thinking can only be amused at the attempts of

the modern medicos to insist on "the test of the crucible" to determine the value of hypotheses regarding the 'Science of Life' a biological problem intimately connected, in the least, with the structure of the proteins, which real scientists recognise to be a kind of jig-saw puzzle, "where purely chemical reasoning, it is fairly clear, is insufficient for the task"!* A kind of problem in the consideration of which "we must free ourselves from the many illusions, errors, and badly observed facts, from the false problems investigated by the weak-minded of the realm of science, and from the pseudo-discoveries of charlatans and scientists extolled by the daily press. Also from the sadly useless investigations, the long studies of meaningless things, the inextricable jumble that has been standing mountain high ever since biological research became a profession like those of the school-teacher, the clergyman, and the bank clerk." as aptly said by Alexis Carrel in his *Man The Unknown*. (page 45).

The way the I.M.A. look at the Chopra Report is at once apparent from the very first metaphor used in the editorial. These open-minded scientists had pre-determined that the Chopra Committee was a 'mountain' and are not, therefore, surprised that, 'in labour', it produced the "proverbial mouse"! While this is quite a sufficient test of their protestations of keeping an 'open' mind, a glimpse into the psychology behind the arguments is obtained by the next phrase! : "Considered from the utilitarian point of view", the mouse, "may be called, 'neither fish, nor flesh, nor good red herring'!"; The whole aspect of the argument is utilitarian, that of keeping "only one type of medical college teaching all basic scientific preclinical subjects according to the *modern* syllabus UNDER THE INDIAN MEDICAL COUNCIL!." The Association is again pitifully mistaken in 'not' calling the Report a 'herring', for, they certainly have tried to make a good use of it as a red herring to be drawn across the trail of the quest of the scientific truth in the ancient Ayurvedic system of Medicine, which the Indian Government is after!!

We would like to make it quite plain here, that we have not got anything against the modern medical system as such, and hold the scientific advances in the knowlege of many biological phenomena made by the system, in no less veneration than the modern medicos. The high masters of thought of this system, we would however like to

* Science News 11 Page 140.

emphasize, are quite conscious of their limitations and are far more humiliated about their knowledge than the I.M.A., who seem to be so intoxicated with the vastness of these details as to do nothing more than gloat over the antiquity of Ayurveda. The former type of scientist we have no doubt, will be perfectly willing to examine the hypotheses of *any* science" For example, to quote Dr. Burlingame," with the advent of the microscope and modern Medicine, medical men and other scientists found in bacteria and pathological specimens a tangibility of material that satisfied *their scientific* turn of mind. Increasingly with the accumulation of more and more facts, medical men waived theoretical practices as being inconsistent with a scientifically oriented world that had grasped the substance of solid facts-"... "With that psychological elements came to be largely cast into disrepute as "wild theorizing" or, at best, perhaps a valid enough science but irrelevant in modern scientific medical practice." To the realistic men of science who "may be quizzical and quick to say," but you can see the bacterias Dr. Burlingame retorts that "the day will come when we will see physical evidence of what we now somewhat loosely refer to as mental disease!". This science of psychiatry to which Dr. Barlingame refers as being looked at sceptically by the 'scientific' medicos, of the West, is to-day recognised to such an extent in the U.S.A. that "it is impossible to teach medicine or surgery on the basis of the same without some consideration for the psyche, and schools throughout the country are developing departments of psychiatry just as rapidly as they can secure qualified psychiatrists for their faculties."*! From *such* scientific men Ayurveda has no fear, in fact, it earnestly desires that it should be the object of deep study and scrutiny of such men. Our regret is about the type of I.M.A. clique, to whom even science is a matter of politics, where they are afraid of 'Diarchy' or 'Triarchy' etc.!!!

We propose to examine some of the arguments put forward by these latter type of quasi-scientific political—('trade-unionist')-medicos, before we put forward, for the umpteenth time, before the leaders and health ministers that 'India will not be content with anything less than the best', as Drs. Thakkar, Mody, and Dixit† have thought it fit to warn Government, but, with the addition that, the 'best' is not necessarily what is dished

*Journal I.M.A. Vol. XVIII No. 10 p. 361, 364,

† "A Study & Criticism" of the Chopra Report : Thakkar, Dixit, Mody.

out progressively by the I.M.A. from the day-to-day changing views of the West, but may be found concealed in the conceptions of the Indigenous Ancient Science of Life. Drs. Thakkar, Mody and Dixit compare the integration of modern sciences with Ayurveda with that of "the great Mahanad flowing into the static and stagnant pool of Ayurveda"! We would like to suggest to them that the Mahanad is likely to carry with it all kinds of refuse and waste-matter, and that the deep well of Ayurveda is quite likely to contain the real water in all its purity although the ground over the well appears to be filled with the collection of centuries of debris of wrong interpretations.

Various members of the Indian medical profession, some high some low, have expressed their opinions on the Indian Systems, none, one regrets to say, with any previous profound study or practical application of the Principals of Ayurveda; Let us examine some of these attacks on Ayurveda. "Research in the indigenous system of medicine", says Dr. R. B. Yodhi* consists in getting our ideas clarified as to the meaning of the original texts. This will require scholars with high grade knowledge of Sanskrit, and English and the mother tongue. Clinical study based on the Tridhaatu and Tridosha theories, verification of signs and symptoms according to these and comparison with the modern concept of disease". This is quite fair. But having quoted a part of these expressions himself, a self-righteous scholar and protagonist of the Allopathic System, who himself underwent a training in the same school which he is now, out of jealousy, out to condemn, because circumstances dictated that his connection with the school should not be of a more important or intimate kind, Dr. B. Srinivasacharya B.A., L.M.S., F.I.M. who himself helped the production of the "hybrid and hotch-potch graduates"—whom he condemns—for almost a decade by examining and certifying them in the subject of Physiology, now says in a special article contributed to the Journal of the I.M.A., that "there is no reason why a small clique with pet theories and aversions should be allowed to claim all the patriotism and wisdom to shape the future of the whole medical profession in India according to their own will or whims.† In his burning jealousy for the author of the 'Science and Art of Indian Medicine', and his colleagues, this learned Allopath who thinks it "extremely doubtful

*Journal I.M.A. Vol. XVIII No. 9 p. 333.

whether all those who speak of conducting researches in Ayurveda have any idea of the details involved in the process. They speak of research as if it is some to be picked up so to speak on the road-side by any one passing on the way"† has altogether forgotten that the scientist's way of refuting other peoples' theories and aversions is not wordy, but practical. With his very clear ideas about research, and with his advantage of having had just such a training as Dr. Yodh recommended, had he produced a treatise or two proving fully the utter futility of either the Panchabhoota or Tridosha hypothesis, the columns of the Journal of the I.M.A. would perhaps have been glorified with something more welcome to scientists than with just a stinkingly jealous harangue. We like to point out that no one from amongst those who represented the Indigenous Systems before the Chopra Committee had at all suggested that the western system should be done away with in India. Yet scholar after scholar of the modern systems seems to be working under the impression that the Indian Systems of Medicine are being made, "through sloppy sentimentalism, or personal interests or ego" to 'supplant' the modern system. ! "All opposition to modern medicine of a meaningless character combined with an inferiority complex" of the kind Dr. Srinivasacharya envisages, exists in their own hallucinations, as do the sentimentalism, personal interests and ego ; In fact, we are afraid, in all these talks the boot will persistently be found to be on the other foot by anyone who carefully reads the evidence before the Committee. Indeed, the bewildering array of licenciates, bachelors, doctors and masters, members and fellows and fellows of Royal Colleges etc., with their semi-stiff collars and lounge-suits, moving about in limousines, sedans and roadsters, actually leaves the poor orthodox Vaidya, in his dhoti and kurta, somewhat self-conscious and he would really even have grown an inferiority complex, had it not been for his unshakable faith, in the profundity of the wisdom of the original authors of his science, and his astonishing success at the bed-side. even although he uses their directions, often-times, more or less empirically.

Therefore, perhaps, no Vaidya has ever protested against the careful examination of the theories propounded in the ancient texts with modern scientific methods, nor has a character ever been signed that in such examination the views and interpretations of any

†Journal I.M.A. Vol. XVIII No. 9 p. 333

particular person or 'clique' will alone be respected. The most scientific way of countering any wrong interpretations is to write refutations based on substantial reasons. The Chopra Committee were not unapproachable for any denouncements of the hypotheses of Ayurveda based on sound argument or tangible research, and, at any rate, the columns of the Journal of the I.M.A. were only too eager to display anything which would, rightly or wrongly, condemn Ayurveda !

Yet, before any attempts are made to get the type of scholars with high grade knowledge of Sanskrit and English as suggested by Dr. Yodh, (who, unfortunately, has not mentioned that they have also to be well-versed both in the ancient and modern basic ideas of the systems of Medicine,) to study the texts, and suggest possible methods and experiments by which the meanings determined by them could be put to the tests of modern scientific methods, (The necessity of doing this, the Chopra Committee has not only not denied, but has emphasized, "so that the exponents of the Indigenous Systems of Medicine will gradually become linked with students-trained according to the most approved western methods," and, "the imposing structure of empirical knowledge and technical achievement which cannot be safely ignored" will be made available perhaps in a rejuvenated form, to the world;) the I.M.A., which, 'more ostensibly than really', is prepared to have an "Indian" pride "for having made the earliest and most precious (!) contribution to the world's knowledge of medicine," is prepared also, with knowledge based on certain unauthorized translations of Charaka, Sushrut and Vagbhat,—which wrong translations perhaps led to the type of controversies like the 'Samdnya-Panchak-Vimarsea' referred to by them,—to endorse the view that "the indigenous system of medicine as it is generally practised to-day, should be banned by legislation for treatment and care of the sick and relegated to our culture museum!" The I.M.A. who express a surprise at Col. Chopra for 'having played a complete somersault with his own views—expressed 16 years ago, let it be remembered,—thus prove themselves capable of a psychic perversion and crookedness which could be the envy of any mere physical contortionist !

Reasons of space, no less than our inherent aversion to carry on 'wordy' battles about scientific subjects prevent us from showing in

*J.I.M.A. p. 357.

details, how extremely confusing views are held about 'integration' and 'synthesis'; ("Two words which are mis-applied and mis-used" very much, according to Drs. Thakkar etc. who have published a separate "Study and Criticism" of the Chopra Report.) Dr. Govindswamy who is convinced that the "inherent wisdom in Ayurveda can *certainly* fill up many *gaps* in modern medicine," still does not think that its conclusions can ever be supplanted by any other system. That, remote as it may seem to-day, there is certainly the possibility of the Ayurvedic Hypotheses—if proved correct—so modifying the 'conclusions' of the modern system as necessarily to result in a supplantation, has apparently escaped his notice: There are a number of people who would not touch the 'orthodox' (trained) Vaidyas with a bargepole unless they have atleast some knowledge of 'modern' midwifery, surgery, medicine—and preventive medicine, while there are others to whom the students of the newer combined ancient and modern systems, even although they are adorned with a 'filigree' of modern scientific method, are 'half-backed' 'quacks'; On the one hand persons of high rank in the profession, like Dr. Adhikari are telling the Health section of the U.N. Organisation that the people in India are "lavishly breeding and dying", technical experts are wailing the dearth of medical help, the aversion of the modern medico to go to the villages is well-known,* yet the idea of sending Vaidyas to the villages with a six months training of preventive medicine is not only foolish but fatal; because these gentlemen have no previous 'institutional course of practical and didactic study': We find no danger, or inconsistency in advocating that a total 'void' of medical help can, should, and ought to be filled with a class of people who have definitely received some training in the ancient systems of medicine of India and are further armed with a knowledge of the latest ideas of prevention of 'epidemic' diseases. No amount of spurious propaganda will easily make us forget that long before the days of Galan and Aristotle and Celsus the people of this land had devised a type of medical system which preserved the health of her nationals, and if even the progressive West could put up with almost 1500 years of groping and faltering till she attained the present day medical status, we certainly can afford a decade or two—or three during which the nationals could be attended to by those trained in the eastern

*Journal of I.M.A., "Rural Medical Relief" Oct. 1948. p. 23.

art with the additional insurance of a plastering of modern knowledge. "But for this recommendation for 'synthesis' by the Ch. Committee, the medical profession in India would not have been put on its 'mettle' and the Committee's Report would not have received much publicity" say Drs. Thakkar, Dixit and Mody; "In fact," to them, "it has proved the bone of contention". We feel that to style the students who receive a training in the combined systems as 'half-baked quacks of both systems' in one breath, and in the next to ridicule them for "reading their Surgery in Rose and Carless, and their Physiology in Starling", and for "85% borrowing under cover of synthesis";† to insist on research of Ayurveda with the foot-rule of modern scientific methods, and then to condemn the Chopra Committee Report for having been drafted, allegedly, by people who are systematically trained to use just such a foot-rule, is a game of running with the hares and hunting with the hounds which is deplorable in any field, most of all in the field of scientific research of ancient medical system. If the Chopra Report is, as Dr. Srinivasacharya alleges, "nothing but the work of the underlings of the clique" then it is the most fitting tribute that ever could be paid to the success of their training under a combined syllabus:

It should, we think, be apparent to the meanest intelligence that once it is determined to apply 'modern' 'tests' to the ancient science, a class of people who are trained in both the systems at the outset becomes indispensable, and any horror expressed by an Association at their being 'let loose' on the poor villagers 'to make them their guinea-pigs' just so much bunkum! That this apparent concern for the human 'guinea-pigs' is nothing but a contemptible and nauseating hypocrisy becomes evident when one examines the attitude of the same Association to a programme of mass inoculation of the B. C. G. Vaccine. The Director General of Health Services himself recognised that this inoculation was only 'one' of the measures to promote control of Tuberculosis, and Dr. Benjamin, the Tuberculosis Adviser to the Government of India, endorsed it. The Minister for Health, Government of India, had said in her message to the Tuberculosis workers' Conference‡ that "The State must provide better housing so that over-crowding may be banished. ABOVE ALL we

† A Study of criticism of the chopra Report: Dizit, Thakkar, Mody
‡ Journal of I.M.A., Vol. XVIII No. 4 p. 123.

must have food and pure milk. "If the I. M. A. had wanted to profit from some authoritative opinions', it would have realised that "B.C.G. is not efficacious for children in tuberculous environment, because the isolation for three months before and after inoculation is not feasible," (Lenine and Sackett New York, 1946); that "since the aim of B.C.G. vaccine is to, convert a non-tuberculin reactor into a reactor, it seems that the advocates of this procedure RUSH in to induce in early infancy, or in other tuberculin-negative individuals, the same state of allergy which IT HAS BEEN THE OBJECT OF OUR UTMOST ENDEAVOUR IN RECENT DECADES TO PREVENT," "that the one great objection to the method", that is, "the possibility that the organism itself may be capable of regaining the virulence in the human body," is still unanswered ;* That the British Ministry of Health has decided that "the scheme should be kept within controlled limits", "as the method has yet to be put to the test of experience under conditions native to this country";† Yet this experiment is decided to be "extensively carried out" the aim being to vaccinate 100 million persons (probably tuberculin negative,!) "during a comparatively short period" in this land, and the problem of T.B. is being tackled "as if it was an epidemic like Cholera and Plague".....as Dr. Lorenzo is reported to have said the other day,.....while these champions of the villagers quietly look on without so much as a protest, or an emphasis on the "food, & housing," at least being tackled equally vigorously at the same time !!!

Regarding the scientific aspect of the whole problem we would like to say this: Even granting that the basic principles of the Science of Life (Ayurveda) are mere empirical formulae, it would prove not merely unpatriotic but extremely unwise to relegate it to the cultural museum, for, if, men like Dr. Burlingame even to-day think that a "land such as yours which has produced leaders who have stirred the imagination of the entire civilized world, *must* have an indigenous greatness from the *strength and depth* of which *we all can learn*",§ then, Ayurveda will not be just an incunabula of The History of Medicine,—to be commemorated, as the I.M.A. recommend,—but its very alpha and beta (alphabet) which is to be *memorized* for every day use! To talk of utilising the 'fruits of research in Ayurveda in

*Treatment in Gen. Practice : Beckman.

†The PRACTITIONER Vol, 163. Aug. 1949. Page 172.

‡In an editorial published after this was printed, the I.M.A., we are satisfied to note, have expressed, albeit mildly, some dissatisfaction atleast about the area for mass vaccination chosen by the G.O.I.

§J.I.M A. Vol. XVIII No. 9 P. 332, 356.

inculcating students' is to show a miserable grasp of the magnitude and comprehensive character of the Ayurvedic conceptions. The ancient wisdom of India still reigns supreme in the fields of Philosophy, Astronomy, Mathematics, etc. all sciences of a much later development than the Vedas: Ayurveda is a branch of the Atharvaveda itself, and if all the other scientists without exception admit the authority of the Vedas as the source of their knowledge and the test of its correctness, Ayurveda cannot be the only exception to this. Yes, it is hypothetical to the 'modern scientist'! But the simplest analogy should show the necessity to examine and study the hypotheses. If men of modern science like Dr. Burlingame say to-day that the "men of India are preeminent for their earnestness, outstanding in their hard-headed devotion to the search of truth, and distinguished as deep thinkers," and that "the western world needs your help."* the I.M.A. should feel it their duty to find out how the wisdom of Ayurveda could be re-established to merit these tributes. Perhaps what Dr. Burlingame said about 'psychiatry' in the U.S.A. is equally applicable to Ayurveda;

We do not appreciate any advocates of 'progressive' science, where ideas are 'revolutioned' overnight, blaming anybody for having changed his views in sixteen years (instead of thrusting his head in sands, as they themselves do?). We hold no brief for Col. Chopra, the target of such criticism by the I.M.A., but would like to show the nature of the basic problems of biology, and the science of life-to-day, and the possibility of the application of the "doctrine of Vayu, Pitta and Kapha etc., to explain the causation of disease", and, "of reconciling the theories of two thousand years ago with the recent advance of the world in Science." without, as Col. Chopra feared in 1933, any great stretch of their significance; Perhaps Col. Chopra realised the possibility of research in this direction himself, and advocated now, what he had condemned before, *both*, with 'his own expert scientific knowledge?

The seed of Nyagrodha, which Shvetaketu broke at the orders of his father, and wherein he 'could see nothing at all' contained, as his father told him, "that subtle essence which you do not perceive there but in that very essence stands the being of the huge tree". (Chhaandogya Upanishad.) "During cell division the chromosomes reduplicate

* J.I.M.A. Vol. XVIII No. 9 P. 332, 356.

EDITORIAL

themselves-by dividing longitudinally. Now the chromosomes consist partly of proteins, since it is thought unlikely that the chemical structure of nucleic acids, which are the main constituent of chromosomes is capable of enough variation and specificity to account for the manifold properties of the genes. A point of cardinal importance in genetics is the persistence of hereditary characters, and since these are caused by the genes.....here too we have a case of proteins reproducing their kind with the greatest exactness. How it is done is one more of the unsolved problems of protein chemistry....." That "an understanding of the structure of proteins will be the key to life is picturesque but *perhaps* misleading; such understanding will, however, *undoubtedly* give us deeper insight into the nature of the chemical processes which are the manifestation of life"; that someday :—

- (i) the "extreme contrast between the unparalleled chemical activity of the enzymes and the inertness of horn,..... which illustrates the ubiquity and indispensability of proteins in living cells,"
- (ii) "why Hæmoglobin can act as an oxygen carrier, why keratin is fibrous, why penicillin, which contains about forty atoms to the ten thousand of hæmoglobin can act as an antibiotic," may be explained. That,
- (iii) "Cultures of *Clostridium Wetchii* fed to one set of lambs with moderate quantities of milk. and to another, with large quantities of milk, showed that the latter, all succumbed to toxæmia while the others remained fit and well,..... showing some relationship between diet and the conditions in the digestive tract which favours the growth and toxin production of the bacteria, although precisely what that is, we still do not know".
- (iv) "The power of growth' depended upon the presence of certain amino acids in the diet; young rats did not lose weight, but ceased to grow although the 'power of growth' was not lost when fed with gliadin alone"

"are some of the latest views on the same subject: Ayurveda, empirically, be it for the moment, endows the seed with these subtle properties of (i) growth, (ii) enzymic action, and (iii) bringing on roukshya (fibrous: dehydrated keratin-like); i.e. of Kapha, Pitta and Vata. The empirical application of the principles governing these three properties

has not failed through the centuries. Is it then wise to allow Indian Medicine to continue to be lopsided because of the paucity of men who have the necessary deep training in both the systems to convince the world of the usefulness of its knowledge *to-day*, here and now? Is it wise not to realise that "the future of mankind may be imperilled if this great question is left to be fought out between ignorant desire for change, and ignorant opposition to change as the 'modern' and 'orthodox' medicos of this land are doing? Or is it wise to implement the study of both with an open mind with a steady eye on the future, as the Chopra Committee have advocated, and thus, without losing any of the advantages of the newer advances, keep the way open for the re-establishment of the ancient system as the most 'antiquated' yet the most 'advanced' system?

The modern scientific medicine has certainly a huge 'corpus', of wealth of a very detailed knowledge of many phenomena which Ayurveda, at best, had solved hypothetically. Modern medicine is quite entitled to its pride for this fact, but, in the hands of the I.M.A. with their extremely narrow view points on things scientific, it has assumed the character of the body of the demon whom Alladin summoned with his lamp. More body, or all body, but no head! It is our earnest appeal to the I.M.A. to cure themselves of this "regrettable, 'Leptocephalia'", and to occupy themselves with research of the kind they know, discharge their 'political' duties as best they think, but please refrain from meddling with the attempts of Government in unearthing the treasures of knowledge in our own ancient system, and from furnishing as with any further proofs of the truths of the old Sanskrit adage which says "The Sun himself is not so scorching as, is the sand (underneath the feet, with its reflected heat) !!

रविरपि न दहति तादृक्, यादृक् दहति बालुकार्णिकः ।

Perhaps, as we hope and pray, the day is not far distant, when we can tell the world of medicine

"विज्ञातमविज्ञानताम् । अविज्ञातम् विज्ञानताम् ।" केनोपनिषद्

as the Shruti advised in a different context (about 'Brahma'), that, "It" (The Truth about the science of Life, and therefore, of Medicine,) is known by those who don't profess to have known it; and unknown by those who profess to know it". !!!

Medical Anthology

By DR. P. M. MEHTA, M.D. M.S.

Chief Medical Officer, Jamnagar (Saurashtra)

THE DEVELOPMENT OF PHARMACY

Pharmacy or pharmaceutics forms a very important and substantial part of the science of medicine. As a matter of fact, it is a very vital part of the science of medicine. We all know, the proof of the pudding lies in the eating and the efficacy of the medical science depends in a large measure on the nature of the medications administered. The progress of medical practice therefore has to be judged largely by the criterion of the richness in the variety and quality of its pharmaceutical preparations.

With this concept of the place of variety and intrinsic quality in pharmacy, let us approach the Ayurvedic system of medicine, the oldest medical science extant. The drugs described in Charaka are about seven hundred and their pharmaceutical combinations to suit constitution, disease-condition and comfort of the patients are, more than four thousands. Charaka described no less than six hundred purgative and emetic preparations alone. Every age went on adding to the list. The science of poison and clinical observations helped to systematise and classify the drugs according to their actions. Charaka described such fifty groups giving ten drugs in each group—a completely systematic yet a simple method of classification. The science of poison was highly developed speciality in India. It carried out experiments on animals in addition to testing by fire, waters or by other reagents. Dynamization and detoxication procedures were the natural outcome of the increasing specialization of the science of poison. It must have helped, as is seen in modern science, to systematize and classify the drugs and their method of preparation.

In the later days of the evolution and growth of the therapeutic uses of metals, specially mercury and other mineral substances, poisons etc, the number of preparations mounted to about thirty thousand, of which the metallic preparations alone are about five thousand. The man of science in ancient India knew no substance under the Sun that could not be turned to therapeutic advantage. The flesh, hair, hyde, hoof, bone, urine, feces and the semen, in short,

every part of the plant, animal and mineral was used as medicine. Various kinds of earth and even the rays of the Sun and the Moon were utilised in pharmaceutical processes.

Medical Metallurgy was the next progressive step in the field of pharmacy which relied mainly on vegetable and animal products upto that time. Progressive people, especially the urban population demanded quicker cure and their tongue and aesthetic sense began to revolt against the bitter taste and the massive dose or decoction. The result was that the pharmaceutical chemist developed the science of medical metallurgy. Its smallness of dose and quickness of action were its great advantages over herbal medication. This denotes the progressive spirit of the age and the refined tastes of the people who cultivated a gradual repugnance for large doses of bitter decoctions of an earliest age.

अल्पमात्रोपयोगत्वादरुचेरप्रसंगतः ।

क्षिप्रमारोग्यदायित्वादौषधेभ्योऽधिको रसः ॥

Thus Vagbhatta compiles a special treatise on *Rasashaastra* called *Rasaratna Samucchaya*. In his great book on the pharmaceutics of metals, mercury, and other minerals, he gives a description of the site for and the manner of building the pharmacy. He says "It should be built in a convenient place free from risks of any kind and in a country which abounds in all kinds of herbs, and in the vicinity of a good well or pond. It must be fully equipped with all kinds of instruments and apparatuses, and surrounded by strong walls. The raw drugs should be stored in a well selected and protected place; One octant was reserved for furnaces and other thermal apparatuses. One was for mechanical processes *e. g.* triturating, contusing, grinding etc; one part was for cutting. One for use of fluid articles. One for dehydration and dessication, one for specialized metallurgic and mercurial processes and one for installing the deities of *Rasatantra*.

We see from this small passage quoted above that in a pharmacy of those days, they carried on all varieties of the pharmaceutical processes. The pharmacy of those days was well equipped with various kinds of yantras of special devices and apparatuses remarkable for their number and ingenuity. There were many physicians appointed to work in such *Rasashaastra* or pharmaceutical laboratories. These vaidyas were required to possess the following qualifications.

They must not only the physicians but experts in the science of *Rasashastra* they must know the *materia medica*, technical terms, and the languages of all the countries.

The assistants employed in the pharmacy were required to be active clean, strong and bold, and the physicians engaged in the actual manipulation of these preparations were righteous and truth speaking, learned and devoted to the gods; He must be good hearted and possess the marks of a lotus on his palm". A man who did not belong to the country or who was untrained, and not of a good heart, who was greedy and without a preceptor, who had a black line on his palm was considered a *Dagdhahasta* (conflagrative or destructive hand) and was unfit for pharmacy work.

We see from these and many such instances of specialized efforts in the field that the science and art of pharmacy had reached a high watermark of perfection in ancient India. A whole code of technical words and jargon was evolved as a result of such advancement. The mineral pharmaceutics particularly of mercury was the marvel of the world. The knowledge of mercury and mineral drugs increased enormously and rapidly under the impetus of search for the El Dorado of Elixir of life *Amrit* and *Paarasmani* philosopher's stone. It resulted in the establishment of a separate school of *Rasavidya*. Even the Yogis took interest in this branch of the science, their interest resting on the concept that if mercury could convert base metals into gold or noble metals, it could certainly convert the physical mortal body into a spiritual immortal body.

As a result of this, a vast literature was compiled on the subject. More than two hundred volumes on *Rasashastra* are still in existence. More than 5000, recipes or *Yoga* are known, about sixty and odd kinds of apparatuses and instruments are described in detail. But the practical art of the process remained more or less a personal factor, transmitted from Guru to pupil or father to son, and generally a secret.

This mercurial age, as we may call it, has its parallel in the iatro-chemical age of Europe. But in Europe this age soon passed on into an age of open scientific nature at the advent of the renaissance period. Iatro-chemical age soon changed its phase into the science of chemistry and physics, the outstanding achievements of modern science. India witnesses the renaissance period only recently and looking to the vastness of materials and originality and peculiarity of

Indian character, it promises a great potentiality if proper researches are carried out in this branch. Even in the present state of deterioration, we every day experience the success of preparations, even when prescribed by quasi-*vaidya* specially in many chronic affections. The efficacy would be much more when properly understood and prescribed by experts. The pharmaceuticals as well as even the metaphysics of mercury have been evolved on this soil and among the great systems of Hindu Philosophy a mercurial system called the *Raseswara Darsana* occupies an honoured place. *Madhava Vidyaaranya* expounds it in his great work on the '*Sarva Darshanas*'. *Rasa* and *Gandhaka*, mercury and its consort sulphur, which we in modern medicine have just begun to recognise, formed the main, almost the universal basis of the pharmaceuticals of a system of medicine known as '*Siddha Sampradaaya*'. The praises of the master of *Rasa Vaidya* are sung in various places and ways and here is a verse by *Vagbhata* who says :—

रससिद्धो भवेन्मर्त्यो दाता भोक्ता न याचकः ।

जरामुक्तो जगत्पूज्यो दिव्यकान्तिः सदासुखी ॥ र.र.स.७.३७.

Maharshi Shukracharya describes ten arts pertaining to medicine as follows :—

MEDICAL ARTS.

- | | |
|--|--|
| १ मकरन्दासवादीनां सद्यादीनां
कृतिः कला । | 1. The art of preparing flower-
juices and other intoxicat-
ing liquors. |
| २ शल्यगूढाहतौ ज्ञानं शिराव्रणव्यथे
कला ॥७१॥ | 2. The art of extracting buried
arrows, spears etc, and of
incision of open wounds
and blood vessels. |
| ३ हिंसादिरससंयोगादन्नादि पाचनं
कला । | 3. The art of cooking various
dishes with the various
rasas combined in different
proportions. |
| ४ वृक्षादिप्रसवारोपपालनादिकृतिः
कला ॥७२॥ | 4. The art of grafting and
planting and culture of
plants. |
| ५ पाषाणधात्वादितृप्तिस्तद्वस्मीकरणं
कला । | 5. The art of melting and
reducing to ashes, stones,
minerals and the like. |

- | | |
|--|--|
| ६ यावद्विद्वत्कारणां कृतज्ञानं कला
स्मृ ॥७३॥ | 6. Knowledge of the preparation of all things that can be prepared from the juice of sugar-cane. |
| ७ धात्वौषधीनां संयोगक्रियाज्ञानं कला
स्मृता । | 7. Knowledge of the combination of minerals and herbs. |
| ८ धातुसंयोजनार्थक्यकरणं तु कला
स्मृता ॥७४॥ | 8. The art of combining and isolating minerals. |
| ९ संयोगपूर्वविज्ञानंधात्वादीनां कला
स्मृता । | 9. The science of producing new compounds of minerals. |
| १० क्षारनिष्कासनज्ञानं
कलासंज्ञं तु तत्स्मृतम् ।
कलादशकमेतादृ ह्यायुर्वेदा-
गमेषुच ॥७५॥ शु.अ ४.प्र.३. | 10. The art of extracting the kshaararasa out of minerals. |

(Continued).

"Our Customs and Practices in Relation to Health"

By DR. V. ANANTACHARLU, L.I.M., *The Vijaya Clinic, Nuzvid South India.*

It is a truism, and it can bear any amount of repetition, that "the first fundamental success in life for any individual is good health and the first fundamental success for a Nation is sound health of its citizens". What is not generally realised is that the needs of health are for a great part met by the various customs and practices commonly observed by people. Every nation has its own customs, peculiarly suited to the climatic conditions under which it lives. Thus the Swede has his own customs, while the American and the

* From the speech by Dr. A. L. Mudaliar at the Health conference held at Madras on 30th August '47.

English have their own, and we in India have our own indigenous customs, Indian in their Origin and as ancient as our Nation itself. These customs must be thoroughly understood and the aim of instituting such customs must be closely investigated in a scientific spirit.

Ayurveda lays down certain rules for our daily life keeping in view the characteristics of different seasons. It also enjoins on us the observance of certain customs and practices on occasions like festivals. These customs and practices help us not only to keep our physical body in a good working condition, but also to attain that state of perfection known as self-realisation or Mukti. The person who violates these injunctions, does so at the risk of both physical and spiritual well-being. Since no one without sound-health can realise the four purusharthas—the four fold aim of human existence—the various customs and practices making for health of both body and mind, have come to be invested with a sort of religious significance. Those, who believe in such a significance attaching to the several customs and practices, are led to faithfully observe them with results beneficial to their health, though they may be either too ignorant or too indifferent to understand the scientific basis of those observances.

Our daily practices, prescribed as "*Swastha-Vritta*" are considered as part of our religion and violation thereof is held to be a sin. These practices enable us to live a long and healthful life, free from the innumerable diseases the human flesh is heir to. We have in "*Dina-charya*" prescribed by various authors of Ayurveda-samhitas, a scheme of activities to be followed by everybody everyday. The following are acclaimed as pillars of healthful longevity.

- (1) Getting up from bed at Brahma muhoortam i.e., about one and a half hours before sun-rise.
- (2) Shareera-chinta (Self-appraisal of one's physical condition).
- (3) Care of Teeth, Tongue, Eyes, Ears and Nose by way of cleaning and also by application of medicaments.
- (4) Tamboola Sevana (Chewing of betel-leaves for health)
- (5) Abhyanjana Vidhi (oil bath)
- (6) Vyaayama Vidhi (having physical culture.)
- (7) Udwartanavidhi (massage of the body).

(8) Snaanam (Bath)

(9) Bhojana Vidhi (Diet)

and also the practice of Ethical principles as the following : —

(10) Upaakaara Vidhi (Social service)

(11) Mitra sampaadana Vidhi (cultivation of friendship with good people)

(12) Samadarshana Vidhi (Universal love)

(13) Devaadyarchana Vidhi (Reverential regard to Devas, elders etc.)

(14) Yaachaka parabhaava Nishedham (Kindliness and generosity to supplicants).

(15) Sama chittatwam (equanimity)

The following Dasavidha Paapa Karmas (Ten sinful acts) are to be carefully avoided, as being absolutely bad both for physical and spiritual health.

(1) Jeeva Himsaa (Cruelty to Life)

(2) Steyam (Theft)

(3) Anyadha Kaamaha (Sexual Intercourse with a beast or with a woman other than one's own wife).

The above three acts are said to be Kaayika Paapa Karmas.

(4) Paisunyam (Talk which creates hatred between two persons)

(5) Amridu Vachanam (Talk which is unpleasant)

(6) Asatya-vachanam (False hood)

(7) Asambadha-vachanam (Irrelevant talk)

These four acts (4 to 7) are said to be Vaachaka Paapa Karmas.

(8) Vyapadaha (Jeeva droha chinta. Thoughts calculated to endanger life)

(9) Abhidhya (jealousy)

(10) Drigviparyayam (Shashtra Drishti Vaipareetyam. Perverse attitude towards shastras).

The last three are said to be Maanasika Paapa Karmas. But one may wonder what ethics has to do with our physical health. A healthy moral life involves a good deal of self-discipline and self-discipline comes more easily to a person who is physically sound.

than to one who is not. Further it should be realised that impure thoughts of every kind disturb the even flow of the humours of the body and this disturbance becomes apparent in some form of physical ill-health. What can be said in favour of an inter-relation between health and ethics, can hold good in favour of a close relation between Ayurveda and religion, in fact with regard to the bearing of any of the sciences on religion. This is what Captain G. Srinivasa Murthi has to say in his learned treatise, "The science and the art of Indian Medicine" (page 41).

"The one supreme object of life (or Purushartham) is to attain that state of perfection or Mukti", thus freeing oneself from the wheel of births and deaths ;.....As in Chemistry so it is in Mathematics, Grammer, Exegetics, Ayurveda or any other branch of study; the philosophical study of every one of these is intimately and indissolubly associated with the appropriate scientific and religious aspects..... Thus it is that every system of Indian thought is not merely a philosophy to be intellectually appreciated, not merely a science for explaining the facts of experience, but is also a religion to be lived and not merely believed so direct and immediate is its bearing on the life that is to be lived and the discipline that is to be practised. In other words, every system of Hindu thought is at once Philosophy, science and religion, all in one and one in all".

Now, we shall pass on to a consideration of some of the customs and practices commonly observed on festive and other occasions. We shall see how they are necessitated by the conditions of the particular season in which they occur and also how such observances have the virtue of counteracting the deleterious effects which those seasonal conditins have on the health of the individual. Let us deal first with the conditions into which the year is divided, on the basis of the movements of the Sun. This is a period of six months from the month of Maagh to Ashaadh (roughly from January to June) and comprises three Ritus-Shishir, Vasant and Greeshma. During this patr of the year it is said"

तस्मिन् ह्यत्यथेतीदृशोष्णरूक्षा मार्गस्वभावतः । आर्द्रत्यपवनास्सौम्यान्
क्षपयन्ति गुणान् भुवः । तिक्तः कषायः कटुको वलिनीऽत्र रसाः क्रमात् ।
तस्मादादानमाग्नेयम्
..... etc. etc.

The sun with his increasing energetic *Teekshna* hot *Ushna* and dry *Rooksha* qualities in conjunction with the atmospheric Vayu,

absorbs gradually the satwam or Shakti of all life on the earth, animal and vegetable life alike. Hence the period is called Aadaana Kaala or Aagneyakaala. The Moon, representating the Soumya Guna, gets weakened as Aadaanakaala advances and a predominance of the three Rasas *Tikta*, *Kashaya* and *Katu* occurs respectively during Shishir-Vasant and Greeshma Ritus. The vitality of Life, which has been as its height before, begins to decrease gradually from the latter part of Shishir Ritu. During Vasanta Ritu, the aforesaid qualities of the sun gradually increase in severity and work on Kapha (one of the three Doshas in ourbody) which is already in a state of Chayam due to Aaharha Kramam followed during the preceding cold season. This Kapha-melts and spreads to the Aamaasaya marring the main Jatharaagni. Hence the Aahara-Vihaara Kramam to be followed in this season should be Anti-Kapha, counteracting and arresting the growth and spread of Kapha. The following scheme of diet and habits has been prescribed.

गुरुशीतदिवास्वप्न स्निग्धाम्लमधुरांस्यजेत् ।

During Greeshma Ritu, the above said qualities of the sun are working at their maximum and the vitality of the life is at its lowest ebb. It has been truly said that children born in mid summer will be weak, thin, lean, and of excitable temperament. The vegetable life also is much enfeebled and loses its nutritive element. Since the soumya guna of the whole life on earth is thus destroyed, our diet and habits should be of the following nature. *Madhuram*, *Laghu*, *Snigdham*, *Sheetalam*, *Dravam* etc., and the following should be avoided."

अतोऽस्मिन् पटुकट्वस्तव्यायामाकर्तव्यजेत् ।

Syrups made of jaggery, sugar cane juice and fruits, are advised. Madya sevana (indulgence in alcoholic drinks) is contra-indicated in this season as it is very injurious to health. Ashtaanga Hridaya has a list of comfort-giving devices such as improvised summer houses surrounded by creepers and artificial water-falls, the wearing of garlands of fragrant flowers and smearing the body with sandal paste.

We shall then pass on to the consideration of some of those practices commonly observed during the festivities occurring in this half of the year (Uttarāyana) and let us see how the observance of these practices serves to counteract the injurious influences, which the conditions of a particular season, exert on the health of the individual.

The important festivals occurring in Uttaraayana are (1) Sankranti (2) Rathasaptami (3) Maagha poornima (4) Maha Shivaratri (5) Ugaadi (6) Shri Raama Navami (7) Nrisimha Jayanti (8) Vaishaakh pooja etc.

We shall first deal with Sankranti. During this festive month we take, early in the morning after prayers, sweet pongal, Dadhyodanam, Sundal, Maashaapoopam etc, by way of prasaadam. These varieties of prasaadam supply the deficiency of Madhura, Amla, and Lavana Rasas and also the lack of snigdha guna in the system caused by the conditions peculiar to this particular period. On the Rathasaptami day, we take bath, keeping Arkapatram, (leaves of *Calotropis Indica*) on the head and body. The fine white dust with which full grown leaves are coated, gets in contact with the skin during this process and acts as a cure for some of the skin diseases *Twagroga* such as Ringworm, scabies, Eczema etc, which generally occur during this period. Moreover on this day, we boil rice in milk and also add jaggery to it and partake of it as prasaadam. This goes to correct the lack of sweet rasa resulting from the seasonal conditions. Fasting is observed on occasions like Bhishmaikaadasi, Maagha Purnima and Shiva Ratri. The question why our ancestors have commended such a dietetic discipline can be answered thus from the scientific point of view, apart from the spiritual.

The food we took during the preceding cold months in response to the seasonal requirements, has been of such a nature that it lead to an accumulation of Kapha. The accumulation of this humour interferes with digestive process and needs to be checked. Hence fasting provides the best and the easiest corrective for the accumulative process of Kapha. Nimba Kusuma Bhakshanam prescribed on the Ugaadi day is a cure for Kapha Prakopam. The sweet drinks (varieties of Gulodakam) Gandhaanulepanam, Vyajana phala Daanam etc, with which guests are honoured at celebrations such as Sri Raama Navami, Nrisimha jayanti and Vaisaakh Puja are, from the view point of health, some of the protective measures against the oppressive and enervating effects of the seasonal rigour.

Then we shall pass on to the second main division of the year, Dakshinaayana, the period of the other six months made up of Varsha-Sharad-Hemanta Ritus, roughly from July to December.

During Varsha Ritu, the season following summer, the accumulation of Vayu, which Summer conditions have brought about, is aggravated by the rains and the moist winds. The sky is cloudy and the

atmospheric wind, charged with an excess of humidity, dulls the appetite. During these days the health of both animal and vegetable life alike, is at its lowest level. Light diets, modified by deepana-paachana dravyam, are advised and moderate indulgence in madyam (alcoholic preparations) is also allowed, as it helps digestion. Drinking turbid water of Rivers which are in floods and exposure to humidity are prohibited during this season.

During Sharad Ritu, the season succeeding Varsha Ritu, the humidity of the atmosphere gets gradually cleared, the plants begin to develop in their virtues and potency, as the sun gets feeble and mild, and from day to day they gradually mature and by the end of Hemanta Ritu they attain full potency. In Hemanta Ritu, all beings will have a perfectly working metabolism and again in strength and energy. It is said"

उष्मा वाहः प्रातहतो हिमशीतवातैरन्तश्शरीरविवरं ऽतिपद्यमानः स्वस्थान-
पिण्डितवपुर्भवात् प्रचण्डशीतेऽनिलानलहरो विधिरप्यते ऽतः ।

This period is marked by an increase of digestive fire and consequently a keen craving for food. It can be explained in this way. The cool atmosphere of the season has the effect of closing up the pores of the skin, making it difficult for the bodily heat to get eliminated. This pent-up heat provokes digestive fire, stimulating a greater and a more insistent demand for food. Supply of food in response to the demand makes for active metabolism. The vegetable life besides being abundant is rich in nutritive content and the result is good physical and mental development of the individual. We shall next consider the kind of diet prescribed for this season. One of the Rasas predominant in this period is Madhura Rasam. Hence Ayurveda prescribes Maamsa Rasam (Meat juice), Madyam (wine), Maasham (Black-gram), Godhumam (wheat), Ksheeram (milk) and Ikshurasam (sugar-cane juice). The other Rasas that are predominant are Amla and Lavana. Hence foods sour and saltish to taste are also advised. The duration of the night being longer in this period, there is generally a craving for an early break-fast the following morning. Vyaayaamam, Udwartanam and Thaila-Abhyanganam are also advised in order that the skin, which is in a devitalised condition now, might have a free circulation of blood and thus a good supply of nutrition.

Let us, then, consider from the view point of health, some of the practices observed on certain occasions in the latter half of the year.

The custom of taking Pippali Choornam, on the Shri Krishna Ashtami day is explained in the following manner. Shri Krishna Ashtami comes off in the latter part of rainy season. As noted already, the appetite is very dull in this season and 'Pippali choornam aids the digestive process. Next in order is the observance of Mahaa-alayam during the latter part of Bhadrapadam. The custom is that we should observe ekabhuktam (taking one meal only) and think of our manes. This dietitic restriction helps digestion and the recollection of our manes affords us spiritual consolation.

Then we come to 'Divaali, one of the main festivals occurring in this part of the year. It has been customary for every household to indulge in a display of fireworks, as part of the celebrations of the said festival. The sulphurous fumes emanating from the display, have the effect of smoking out of existence the various kinds of insects such as mosquitoes which, breeding generally in abundance in this season, are apt to cause us much discomfort and sometimes sickness such as malaria. Moreover, festive celebrations, if held in the right spirit, produce a measure of psychological influence favourable to good health. The prayerful mood, which is inevitably induced on such occasions, serves to lift our thoughts a little higher, causing thus a peaceful diversion of mind from the oppressive cares and anxieties of every day life. This pleasurable distraction has a favourable reaction on our physical condition too.

It is hoped that what has been said above about our customs and practices in relation to health, would result in a proper appreciation of our traditional observances on the part of those sceptical persons who are given to easily crying down any thing that is not modern, as something that is stupidly unscientific and grossly superstitious.

The Ayurvedic Interpretation of Medicine

(Continued from the August issue.)

By DHARAM DUTTA, *Sidhaant-Alankar, Ayurveda Bhushan,*
Kankhal (U.P.)

,Pitta' or Physiological fire.

'*Bhutaagni*':—According to Indian philosophy Ayurveda believes that the element of fire or Agni exists in every substance of the universe carrying on a constant molecular movement. Due to this fact not a single object in the universe is static but is subject to the process of oxidation. Thus the animal, vegetable, and mineral world every moment of its life is being reduced into simpler elements are being reconstructed, the fresh bodies of the animal, vegetable and the mineral world. This cycle of destruction and reconstruction is attributed to the existence of an inherent 'agni' called '*Bhutaagni*', or physical fire by Ayurveda. The external heat or the heat of the Sun only helps or activates it. This truth has appropriately been described by "Upnishad, Kath" *Agniryaheko bhuvanam Pravishta roopam pratiropobabhuv*" that "though agni (fire) is one but entering into the different substances it has assumed thousands of forms".

This '*Bhutaagni*' is considered to be of five kinds viz. the heat that takes part in the oxidation of the substance derived from earth (or Prithvi substance), is called the fire of earth (*Bhoumaagni*) that taking part in the transformation of the substance derived from water (or the Aapya substances is called the fire of water (or *Aapyagni*) and in the same way agnis, oxidising substance derived from 'Agni', Vayu, and Aakaash, (that is *Aagneyagni*, *Vayavyagni*, *Aakaashagni*) are postulated. These five '*Bhutaagnis*', are the cause of all chemical changes taking place in the material world (*Bhoumapyaagneya Vaayavyaah Panchoshmanaah sanaabhasah*. Ch. Chi. 15).

The substances mainly derived from the element of earth, and the results of *Bhoumaagni* (or the fire of earth) when taken into the body increase the property of solidity or compactness in the tissues. The articles of food and drugs that have predominance

of the element of water and thus are the results of Aapyagni (or the fire that transforms water) when injected produce the property of liquidity in the tissues. The substances having the predominance of the element of heat and therefore resulting from aagneyagni, (the fire that transforms the element of fire) when used aggravates the heat of the body. The food that has predominance of the element of Vayu and is the result of the Vaayavagni, (the fire that takes part in transforming the element of Vayu) when taken into the body increases the property of movement in the organs. In the same way different kinds of food and drugs derived from Aakaash, (or the element of space) and the results of Aakaashagni (or the heat that transforms the element of ether when taken into the body produce lightness and other qualities of the Aakaash (Yatna swam ch Pushnanti dehe dravya gunaah prithak. Parthivaah Paarthivaanev Sheshaah Sheshansheh Kritsnashah. Ch. Chi. 15).

DIGESTIVE FIRE—(PAACHAKAAGNI).

Just like 'Bhutaagni' or the element of heat present in every part of the physical world, there is a Dehaagni, or the heat of the living beings carrying on the function of oxidation in every part of the body. Hence every part of the body has a natural capacity to digest and absorb whatever is introduced into it. For instance, if milk, fat, or glucose or blood is injected under the skin or intramuscularly, it gets digested and absorbed within a short time.* The organs comprising the elementary canal possess the capacity of digestion in abundance, hence they are called the seat of Paachakaagni (or Digestive fire). It is a really wonder how this agni situated in the tissues of the canal renders the food ingredients so thoroughly soluble and assimilable and in such a short time, since the same amount of food cannot be dealt with so thoroughly and easily, how ever a great amount of oxygen and digestive enzymes are added to it in laboratory. All the various digestive enzymes appear to act only as catalytic agents and it is the animal heat like the heat of the incubator of the laboratory that plays the main role in varying on the digestion of food.

METABOLIC HEAT :—(DHAATWAGNI).

The digestive process reduces the food into soluble proteins or albumin, grape sugar emulsified fats and soluble salts out of which are evolved such proteins, sugar, fats, and salts as are insoluble and enter into the composition of the tissues. The 'agni'

that plays the part of producing the chyme and chyle from the food ingredients is called 'Rasaagni' the metabolic heat that utilizes the 'ras dhaatu', and transforms it into the blood is called 'Raktaagni', the agni that utilizes the blood and builds up the muscular tissue out of it is called 'maamsaagni', and thus there are seven agnis one to build each dhaatu that is 'Ras', 'Rakt', 'Maams', 'Asthi', (bone), 'marrow' (Majja), fat (Meda), 'semen' (Shukra), respectively. Of course various cellular enzymes are required to elaborate the tissues but they act only as catalytic agents, it is the 'agni' or animal heat present in the tissues, that really carries on the metabolic process taking place in them.

MALPAACHAKAAGNI : (EXCRETORY FIRE)

The metabolic heat or agni that breaks down the worn out tissues into such waste products as can easily be excreted by kidney, skin, lungs etc. is called 'Malpaachakaagni'. Though this change is assisted by enzymes, still it is chiefly the heat of the body that carries it out.

BHRAAJAK PITTA : (THE FIRE OF THE SKIN)

The capacity of the skin to digest and absorb the materials coming in contact with it is attributed to the fire (Agni) existing in it which is called 'Bhraajak Pitta', because in virtue of oxidising and excreting the waste products in the form of sweat, it preserves and enhances the natural purity and glow of the body.

RANJAK PITTA :—(BLOOD COLOURING).

Ayurveda holds that a peculiar heat or chemical activity goes on in the liver and spleen that elaborates the blood colouring material (Probably from the iron containing pigment accumulated in their capillaries and sinuses) which is called 'Ranjak Pitta', or blood colouring fire.

SAADHAK PITTA :—(THOUGHT PRODUCING AGNI).

Ayurveda believes that the mental phenomena as thoughts and emotions are the products of the animal 'agni' acting in the brain cells, just as all other bodily products like blood, bile etc., resulting from the activity of the bodily agni. This agni seated in the brain because of thought is called 'Vichaar Saadhak', or thought producing Pitta. Since agni is supposed to be evolved from 'Satwa' and 'Rajas', of Prakriti when this agni functions properly the mental vision or perception is clear quick and perfect. Those who have this

agni at its best are gifted with exceptional 'Medha' (Wisdom) and foresight, to the extent to which this agni or analysing-chemical force or capacity is defective the intellect is clouded and judgement is impaired. Just as the agni when functioning properly oxidizes and helps in eliminating the waste products, and keeps the body clean and pure even so the Saadhak Pitta by oxidizing all poisons keeps the mind clear. Charaka says that, "when pitta is in order the feelings of fearlessness, cheerfulness and clearness are manifested and when it is disordered the contrary feelings of fear, anger and confusion result." (Su 12). Sushrut also says (sha 4), "that a man having the predominance of pitta is gifted with wisdom and keen intellect."

AALOCHAK PITTA :—(IMAGE FORMING FIRE.)

The power of the eye to perceive objects is attributed by Ayurveda to this agni, which acting in the eye is called Aalochak or Image forming-Pitta. Ayurveda appears to hold that the rays of light reflected from the external object effect a chemical change in the substance of the retinal layer and thus form an image in it similar to that which is formed on the sensitive-plate of the camera with this difference that the former is transient while the latter is a fixed one. The agni or heat that brings about this chemical change is called Aalochak Pitta.

PITTA OR AGNI THAT CARRIES ON METABOLISM :

Agni that digests food carries on destructive metabolism is considered by Ayurveda to be an inherent characteristic of the living tissues. Charaka says one lives a healthy life so long as this agni is intact, with its extinction the life ends. (Shantegnou mariyate yukte chiram jivatyanamayaah, Chi 15.) But to preserve this Dehaagni it is necessary to supply the body with food, which by its combustion in the tissues generates heat and keeps up this agni of the body burning. A certain percentage of heat is converted in to energy that is utilized in replenishing the exhausted vital powers or 'Praan' of the body. (Praanashchoktah dehaagnihetukaah. Ch. Chi. 15). Hence the life owes its existence to the proper working of both Vayu and Pitta. in co-operation.

Dehaagni being the cause of bodily temperature is called Pitta (from taap). It exists in every part of the body and some of its main seats have been described above, but as a whole, the middle part of the body consisting of liver, spleen, pancreas, stomach, small intestine, kidney including supra-renal-gland is considered, by Ayurveda, to be

the chief region of Pitta. These organs play an important part in supplying the body with necessary heat and in activating the 'Agni' Karma or metabolism of the body. When the liver or the stomach or any of these organs mentioned above is damaged to some extent, and as a result the 'Agni Karma' is lowered, temperature becomes subnormal, digestion grows weak, appetite fails; the therapeutic use-oral or parenteral of the enzymes or the extracts or the desiccated powders of the cellular parts of these organs goes a long way in activating the 'agni Karma', and alleviating the resultant symptoms mentioned above, bile (oxbile) and urine have been used since long by Ayurveda, but the liver, supra renal gland, stomach etc., have come in vogue since recently to accelerate the bodily Agnikarma.

THE PERIOD WHEN AGNI KARMA IS NATURALLY ACTIVE.

There are some periods in which this agnikarma becomes more active. For instance during the twenty-four hours of the day it becomes active in the noon when the sun is hottest and at the time when the digestion is at its height. Round the year the 'agni Karma' becomes accelerated when the atmospheric humidity is lowest and the sun is hottest, as it happens in the season of autumn comprising September and October. In the life time of one it is the middle part that is, from the 25th year onward to about the fiftieth year that the catabolism or agni-Karma occurs in a pronounced form, so much so, that it rises to be equal to the anabolism, therefore, during the periods mentioned above, excessive in take of all stimulating diets and drinks and indulging in the ways of life that tend to activate catabolism unduly, should be avoided.

On the contrary when the 'agni-Karam' of the body is below par or when the weather or the country in which one lives is very cold and during the morning or evening hours and during the first and the latter part of the life one should take care to take to such diets and drinks and modes of life as stimulate or activate metabolism and avoid all that tends to depress it, further.

PITTA PRAKRITI (SANGUINE TEMPERAMENT).

An individual in whom the element of agni that carries on the tissue break-down or catabolism is hereditarily above the normal level is said to have the temperament or 'Prakriti of Pitta', when the destructive processes are comparatively more predominant than the anabolic (or building up) process the individual has certain characteristics that distinguish him from others. Considering his

physique he consumes more food and water to make up the deficiency and also he excretes more waste products in the form of sweat, urine, faeces etc. Owing to predominance of oxidation of the waste products his body, skin, nails, hair etc. are clear and bright, and his build up is of intermediary type, neither too thin nor too fat. As a result of excessive tissue-break-down the signs of old age set in, earlier, in his body.

As to his mental condition the role of metabolism being high in him, his mental responses are quick, his intelligence is keen, and his arguments are irrefutable. His mind and body are active but neither too irritable nor too slow.

Besides, all diets, drinks, drugs and the season that are of heating nature do not agree, while diets etc. of cooling nature agree with him.

THE CAUSES THAT ACTIVATE PITTA.

All the excitents and irritants that rouse the agni of the body into activity and thus promote the 'agni-Karma' or chemical activity of the body are said to be the causes of Prakop of Pitta. For instance, excessive heat of the sun and fire as in the days of autum, living in a heat or tropical country, over-exercise over-eating the time when digestion is at its high, fermentation of the food in the stomach or intestine, hot drinks, excessive use of the stimulants such as tea, alcohol, vinegar, spices, pepper, onion, garlic, mustard, ginger, sesamum seeds, pickles, molasses, dry fruits, oil, animal fats (except butter) meat, fish, acids, alkalis, salts. tobacco, use of poisonous substances, and indulging in strong emotions of lust, anger, fear, grief, etc. all tend to provoke the agni of the body. Though all foods stimulate the 'Agni-Karma' of the body but in comparison to vegetable food, meat is more stimulant as 500 grams of meat is known to increase the rate of metabolism by 20% which continues at that level for four hours, while the same amount of carbohydrate food increases the rate of metabolism 5% only.

In this state of the body when its tissues are irritated it is rendered more predisposed to infection, and if a bacterial poison enters into it, the virulence of the poison, somehow, gets exalted. So that the same toxin which otherwise would have remained ineffective proves to be a pathogenic one. In response to this toxin the bodily 'agni' gets roused and a large amount of heat constituting fever is

generated. The 'agni' thus stimulated destroys or oxidises the poison and saves the body from destruction, though the tissues of the body are to some extent consumed in this fire. Thus the acceleration of Agni Karma is a defensive measure on the part of the body to meet the invading poison. Ayurveda holds that the bodily predisposition to disease is more important than the bacterial invasion in view of the fact that the bacterial poisons continue to be ineffective, so far, the body is not exposed to some irritant, as sudden advent of summer or expose to severe heat etc., and this disease flares up only in that part of the body which is subjected to friction or irritation.

(Continued.)

Ante Natal Care and Nutrition in Ayurveda

By SHRI VALLURU SUBBA RAO, A.M.A.C., A.L.I.M., ETC.

Valluru, Guntur Dt. Andhradsh

(Continued from the last issue)

The question of proper diet for the expectant mother deserves special study. It is from the blood (Aahaara Rasa) of the mother that the foetus continues to receive nourishment during its long stay of nine months in the womb. This necessarily calls for the extra nutritional needs of the mother not only for the nourishment of her own body but also for the development of the embryo. All the elements of food have to be increased to a certain extent in her dietary to enable to perform her this double function. Foods and environments (Aahaara and Vihaara) must be of such character as to give her the most efficient form of nutrition to the body and mind.

One would require a broad outlook and insight into the basic principle before one begins to study Ayurvedic view point. Those who will not study, side by side, both ancient and modern views have no right to give their judgement. It is delightful to study one's own system but it is extremely interesting to study the same problem from different angles of vision. Comparative study broadens one's mental horizon.

Dr. S. N. Chatterjee M. B.,³⁵ says:—"The foetus is a physiological parasite, that grows and developes at the expense of the mother. It is more than a parasite, that grows and develops at the expense of the mother. It is more than a parasite-a robber nay worse than that it is a mischievous "enfant terrible" that feeds upon the feeder and fouls the very fountain that bring it, food by flooding the maternal

blood freely with its filthy products of metabolism. Greatly handicapped as she is, she has to run a hard race with a load throughout the term. So it is a matter of great importance that we should be all attention to her nutrition as well as excretion, as a healthy mother means, a healthy baby. An underfed mother with slow but steady drainage of her nutrition and with nonstop passing in of foetal rubbishes into her blood, is very much like a camel with a heavy load moving up a mountain. As her resistance is likely to be low at the same time, a slight additional drainage may prove to be the 'last straw' and be sufficient to disturb the equilibrium. And verily here is a rough and rugged path and perilous is the journey. For ought we know, toxæmia like pernicious vomiting, eclampsia, hæmorrhage, peraperal sepsis with all its complications, failure of lactation and host of other troubles are all lying on her way. She is in troubled waters and on duty like the captain of the ship, is to smell every danger ahead, and before armed against it, so that taking precaution in time, we can help her in steering clear through all these difficulties and guide her safely and successfully to her destination."

Dr. J. Starve Ph. D., M. D., and Charles S. Davidson M. D. (Boston) ³⁶ says :—

The old adage that the pregnant woman must 'eat for two' may not be true quantitatively but does express the increased nutritional demands of the individual during pregnancy. There is evidence that the mother stores protein in excess of that required for the foetus. The actual protein requirement during pregnancy cannot be definitely stated but 10 to 20 gms. of additional protein per day have been suggested as the increased requirement, and on the basis of this and other available data the food and nutrition board of the National Research Council has recommended that the mother's diet should contain 85 gms. of protein daily during the latter half of pregnancy. The weight, length and the general condition of the infants at birth bore a direct relationship to the gms. of the protein consumed daily by the mother. It would appear that there is a direct relationship to the grams of the protein consumed daily by the mother. It would appear that there is a direct relation between the amount of protein in a mother's diet and the start in life she gives to her infant. This relationship is of such magnitude that it can be demonstrated with each 10 gms. protein difference in the ante-partum diet. It would appear from this study that less than 75 gms. of protein daily during

the latter part of pregnancy results is an infant who will tend to be short, light in weight, and most likely to receive a low pediatric rating in other respects."

Dr. Phillip F. Williams M. D. (Philadelphia)³⁷ says :—"It is an incontestable fact that a pregnant woman differs from other persons in her protein needs. To the basic needs of the non-pregnant woman for material building and repair there are added during pregnancy the demands of an increased metabolism, the storage of nitrogen, the growth of the woman's body, the necessity for meeting needs of foetal growth and repair, the growth of mammary tissue, and the hormonal preparation for lactation (compare Kasyapa's—

यदन्नापानं प्रायेण गर्भिणीस्त्रीनिषेवते रसो निर्वर्तते तादृक्
त्रिधा त्रास्या प्रवर्तते मातृपुष्ट्यर्थं ऐकांशो द्वितीयो गर्भ
पुष्टये तृतीयक स्तनपुष्ट्यर्थं)

Under ordinary circumstances a desirable allowance of protein is considered to be 1 gm. for every kilogram of body weight in an adult, but nutritional authorities agree that an increase to 1.5 gm. per kilogram is safer to supply the demands of foetal and maternal growth and tissue repair in the latter half of pregnancy. He further says : "Such defects in the diet may be caused by certain factors, economy, ignorance, custom or habit, actual or supposed food idiosyncrasies and erroneous advice. All but the first of these factors, could be overcome by proper education. Student of the subject of nutrition have remarked that even in low economic groups an educational campaign of effective and intelligent nutrition teaching has been absorbed readily and used well. Restrictions in protein intake or deficiencies in this factor are almost invariably accompanied by restrictions in protein intake or deficiencies in this factor we almost invariably accompanied by other equally important factors. The minor nutritional deficiencies of a woman often become apparent only under a diet efficiency test of pregnancy when the physiologic strain of the condition reveals the boarder line status of nutrition.

"Deficiencies in the protein content of the diet of the pregnant woman lower her nitrogen level, deplete the body tissues by utilising them for the normal protein needs, lower the serum protein level content and may lead to nutritional oedema. By altering the

colloid osmotic pressure of the serum protein, the dietary protein insufficiency may predispose to toxæmia of pregnancy. Anaemia, poor muscle, tone of the uterus, lowered resistance to infection and insufficient lactation may all result from a low plane of protein intake.

"It should be born in mind in discussing protein malnutrition in pregnancy that many such instances are occasioned by a long-standing deficit. In other cases gastro-intestinal disorders may hinder digestion or absorption. When early pregnancy has been characterised by excessive vomiting and acute protein deficit may be produced which will require an increased increment of protein during the remainder of the pregnancy.

"Proteins in the diets are derived from both animal and vegetable sources. The animal proteins of meat, milk, eggs, cheese, poultry and fish should form at least 66% of the protein requirements of the enciente, since they furnish, all the amino acids, and are therefore of the highest biological values. The remaining proteins are supplied by vegetables and nuts, such as peanuts, and cashews and legumens, especially soyabeans, and dried peas and other lentils, and from bread and cereals of whole grain, particularly wheat. The vegetable proteins are inadequate sources of certain amino-acid and while they cannot replace entirely the animal proteins, they should be used not only as an accessory source of protein supply but for other essential food factors which they contain.

"There can be no doubt that increased intake of protein is essential for the well being of the pregnant woman and her unborn foetus. Her ability to produce suitable food efficiently for the new born child depends greatly on the same material. Certain factors, such as economic, educational and social, are involved in her receiving an adequacy of this necessary food substance. At the present time employment of women in industry during pregnancy and the necessary governmental regulations on food rationing may play a part in determining the quantity and quality of her protein needs and intake."

"Just as the mother is instructed in the hygiene of pregnancy, so should she be individually be instructed in the quantity and quality of food which she should eat. The importance of adequate protein in the diet should be explained and sufficient instruction

and financial assistance should be given to enable her to obtain it. The education of the pregnant woman in the basic principles of nutrition will redound to her own health, the well being of the body and the benefit of her family as a whole."

Dr. F. F. Tisdall M.B.³⁸ says :—

"Poor diet can definitely affect the mental outlook of individuals. Wilder, first brought to our attention the effect of a low thiamin intake on mental reaction; he found that individuals on a low intake of thiamin became irritable, morose, and were upset with little things. In the study of pregnant women made in Toronto, one of the first evidences of change that was observed in the women when their diets were improved was a change in their mental outlook. Before improvement of their diets they were worried about everything, the whole business was a trouble to them, housework bothered them, they were unhappy, when they came back after three weeks on a good diet their faces were washed, their hair were brushed, if they could get a new feather to their hat. As Sir John Boyd Orr remarked, "Don't forget a woman during the child bearing who is not interested in her appearance has something wrong physiologically." These women became definitely interested in their appearance.

Messrs. Bertha S. Burke, M.A., Virginia A. Beal, B.Sc., Samuel B. Kirkwood, M.D., and Harold C. Stuart, M. D. (Boston) Mass say :— in their nutritional studies during pregnancy.

"Growth begins with conception, not with birth. Growth required dietary essentials to a greater extent than maintenance. Although in the earliest part of pregnancy the ovum carries some nutrient material within itself, it must necessarily dependent upon the mother for the major portion of the material from which it is to grow and develop.

The inter-relations of mother and foetus and the extent of the foetus upon the material diet are problems which must be solved before the role of nutrition in pregnancy can be thoroughly understood. These must be studied through observation of pre-natal diet and general health, both of which may be heavily conditioned by the mother's pre-conceptional state. Stated specifically, a complete study of the effects of nutrition upon foetal growth and development should attempt to determine :—

- (1) The effect of the mother's pre-conceptional health and

nutrition upon the pre-natal course and upon the development of foetus.

(2) The nutritional requirements in respect to pregnancy and the relationship of the pre-conceptional state to the requirements of pregnancy.

(3) The relative importance of the essential nutrients to the course of pregnancy, labour, delivery, the puerparium and to the development of the foetus and the health of the infant.

After making experiments on 216 cases under the above scheme they have come to the following conclusions :—

(i) The study has shown a statistically significant relationship between diet of the mother during pregnancy and the condition of her infant at birth.

(ii) If the diet of the mother during pregnancy is poor to very poor, she will in all probability have a poor infant from the standpoint of physical condition. In the 216 cases studied, every stillborn infant, every infant who died within a few days of birth, with the exception of one, the majority of infants with marked congenital defects, all 'functionally premature' infants were born to mothers whose diets during pregnancy were very inadequate.

(iii) If the mother's diet during pregnancy is 'excellent or good', her infant will probably be good or excellent physical condition. However it may happen occasionally (one out of 216) that a mother whose diet during pregnancy was excellent or good will give birth to an infant in poor physical condition.

(iv) A statistically significant relationship was found to exist between prenatal diet and the course of pregnancy. This relationship, however is not as marked as that existing between the prenatal dietary rating and the condition of the infant. This indicates that when nutrition during pregnancy is inadequate, the foetus suffers to a greater degree than the mother.

(v) In this study, no mother whose diet during pregnancy was considered 'good' or 'excellent' had preeclampsia, while with a poor to very poor' died during pregnancy, almost 50% of eclampsia.

(vi) No statistically significant associations were found to exist between prenatal nutrition and during the character of labour and delivery. There was a tendency for the mothers whose diets during pregnancy were 'poor' to 'very poor' to have more difficult types of

labour and to have more major complications of delivery, despite the fact that those women had, on the average, smaller infants than were born to the women whose diets were 'good' or 'excellent'.

(vii) No relationships of statistical significance were found to exist between prenatal nutrition and the post-partum course. There seemed to be a tendency towards a relationship between pre-natal nutrition and the occurrence of major complications in the puerperium. Having known so far about some modern researches, in the following pages, we shall discuss what part Ayurveda takes in fortifying the pregnant woman against all the possible contingencies that may arrive during this period.

(Continued)

We regret to announce that the mother of well-known Hakim Abdul Hameed proprietor, Hamdard Dawakhana expired on 5th October 1949 at 7-00 p.m. Our heart felt sympathy with Hakim Sahib.

—Mg. Editor.

NOTES AND NEWS

T. B. SANATORIUM AT MERCARA

The Government of India have sanctioned the construction of a tuberculosis sanatorium at Mercara, capital of Coorg, at a cost of Rs. 10,40,000. Half the cost of the hospital will be met from Central revenues and half from the revenues of Coorg.

The construction of a block of 72 beds in the women's hospital at Mercara has also been sanctioned by the Government of India.—

DEMAND FOR AYURVEDA RESEARCH FACILITIES

Early implementation of the Chopra Committee report on indigenous systems of medicine was urged by Kaviraj H.R. Majumdar, President of the All-India Ayurvedic Congress, at a Press conference in New Delhi yesterday.

Kaviraj Majumdar said that the Chopra Committee, which was appointed by the Government of India in 1946, had unreservedly declared that there was a large demand for Ayurveda in India and it could be of "great value to modern science in general and medicine in particular."

Among the recommendations of the Committee which he drew attention to were the need for inaugurating research in the Indian systems of medicine, subsidization of teaching institutions by the State and appointment of a Deputy Director-General of Health Services for Indian medicines.

MAN WHO GREW THE HORN

LONDON, Sept. 17.—The museum of Britain's Royal College of Surgeons has a new and remarkable exhibit—a massive curly horn that grew from a man's arm.

The story of the man who grew the horn is told in the current British Medical Journal.

Aged 53, he had been badly burnt on his arm and back by a German flame-thrower during World War I. The skin from a nurse's thigh was grafted on his arm.

The graft remained healed for 20 years and then a slight injury broke the skin midway between his elbow and shoulder. A small growth of the size of a nut appeared. It continued to expand and

grow downward. The man found it quite painless and whenever it became embarrassingly large he or his wife cut off a piece with hacksaw.

Finally, the base became painful and he went to hospital. There the horn was removed by an operation and the arm healed normally.

The man presented the hospital with a bag containing 17 pieces he had cut off. These have been fitted to the stump five inches across to reconstruct a thick spiral well over one foot long.

MORE POLIO CASES IN U.S.A. PREDICTED

New York, September 8.—Mr. Basil O' Connor, President of the National Foundation for Infantile Paralysis, predicted in a radio talk here that there would be 20,000 more cases of infantile paralysis in America before Christmas.

Already, he added, the 20,513 cases reported this year were the largest total ever recorded in America in eight months.

RELIEF FOR POLIO VICTIMS

London, September, 9.—A deadly poison used for centuries by wild tribes to liquidate their enemies is now providing relief to polio victims.

British scientists have turned this poison into a life-saving drug, which is now used widely in the treatment of diseases causing convulsions and rigid paralysis. An aid to surgery, the use of this drug causes a relaxation of muscles, enabling the surgeon to work more quickly during an operation. While much less anaesthetic is required, the patient makes a more speedy recovery.

This drug is regarded as one of the outstanding discoveries of recent years.

BACK TO METHUSELAH

Lausanne: Well-known Marseilles specialist, Dr. Beltrami, in a letter published here in the "Gazette de Lausanne", warns that unless the human race returns to a more primitive diet, it will soon degenerate into infirmity, malformation, with flaccid muscles and flesh, but over-developed brains.

When he says "soon" he is, of course, speaking scientifically; he is looking hundreds of thousands of years ahead.

But, says Dr. Beltrami, if you study the effects on human beings which can be directly blamed on to their diet since the beginning of

the Stone Age, you see that these physical and organic deformities have been steadily on the increase.

"The only way to correct these tendencies," writes the doctor, "is for us to go back to eating uncooked roots and raw meat.

"A great deal of harm is caused by the fact that we do not chew thoroughly; and this, in turn, can be blamed on the fact that the food we eat today requires little or no mastication. First danger signs are clearly evident in the general condition of the teeth among civilized people: badly placed, subject to decay, weakening of the action of the paws themselves. The human nose is almost atrophied, and the lower jaw has retreated to give the impression of a 'swallowed' chin."

TIBBIA COLLEGE AFFAIRS

A spokesman of the Board of Trustees of the Tibbia College, Delhi is reported to have stated that the assets of the college and its adjuncts are the personal property of the Trustees or the Secretary of the Board, and that the institution is neither a public institution nor did it ever receive donations from the public or grants-in-aid from the Government.

While other evidence is not lacking to contradict the above contention, he reproduced below, for the benefit of the readers, the relevant portions from the triennial report of the college for 1917-20 as presented by the late Hakim Ajmal Khan on the occasion of the opening ceremony of the college by Mahatma Gandhi which is self-explanatory :

... "Nor is this institution and the Indigenous system of medicine indebted to His Excellency (Lord Hardinge) in this respect alone; but through him the Government of India were persuaded to grant both a handsome donation and an annual aid.

"I feel confident that the generous gentlemen who sympathize with our objects and are interested in our progress will give us ample financial help to enable us to render this institution more useful to the country.

"I must now proceed to offer on behalf of the Board of Trustees grateful thanks to the generous donors without whose help we could not have attained any success. Let me in this respect place the name of His Highness the Nawab of Rampur in the foremost position. His Highness was the first to suggest the idea that it was time to develop the old Madarsa Tibbia into a college for which suitable

CORRESPONDENCE

41

buildings should be constructed in accordance with modern requirements. In addition to the annual aid of Rs. 12,00 which he had previously granted to the Madarsa, he very kindly donated the princely sum of Rs. 50,000 for the building of the college. Next, I must mention the name of Seth Jamal of Rangoon, a prince of merchants to whom I am deeply indebted for giving us a donation of Rs. 50,000 himself, and for suspending his work and joining our deputation which through his influence, succeeded in raising no less than Rs. 21 lakhs and half in Burma.

"We are under a debt of gratitude to His Highness and the Begum of Bhopal for donations of Rs. 25,000 each, besides monthly grants-in-aid of Rs. 150 each, also to His Highness the Maharaja Bahadur of Gwalior for a donation of Rs. 25,000. I must next offer the thanks of the Board of Trustees to His Highness the Maharaja of Indore and Rai Bahadur Lala Sultan Singh, of Delhi, for donations of Rs. 5,000 each. I must specially mention the name of a Chinese gentleman, Sardar Lum Chin Swang who gave us a generous donation of Rs. 20,000 in Burma. Let me also mention the names of Seth Adamji Ibrahim Kasim Patel and Mr. M.A. Mulla who have enriched our funds with sums of Rs. 15,000 and Rs. 10,000 respectively.

"I take this opportunity of thanking all those who have contributed their mite to our funds to enable us to found this institution as a living and growing memorial to their philanthropic and patriotic deeds."

CORRESPONDENCE

Sir,

Permit me to encroach upon your valuable time by submitting to you the enclosed note received by me regarding propaganda on Tea conducted on the authority of the Government of India under the heading of "SATYAMEVA JAYATHE". I hope it will receive your earnest attention.

The following note was sent to me by an eye witness to a Cinema show at Roxy Theatre. Madras on 22nd September '49.

That all this false propaganda should be conducted in the name of Ayurveda and under the heading of 'Satyameva Jayathe' and is very much regretted.

"SATYAMEVA JAYATHE".

"The Department of Information and Broadcasting produced and released a "shot" depicting the tea industry and the evolution of tea. In the commentary it was stated that this possessed certain advantages and that these were recognised by Ayurveda.

As a youngster, I remember going through one of Dr. Lakshmi-pathi's booklets entitled 'Enemies of Health' in which the author rightly pointed out that tea was a best only at stimulant and it had an injurious effect at the human system. Dr. Lakshmi-pathi, further emphasized that drinking tea should not be encouraged at all, and inspite of the medical profession being aware of its injurious effects it still enjoyed a wide market, on account of interested capitalists, investing huge sums of money on propaganda.

I take this opportunity to point out that the Government must accept the responsibility for uttering this lie, as I am sure they cannot explain away how they happened to chance upon this information viz., "advantage of tea being recognised by Ayurveda". It is a blot on our motto "Satyameva Jayathe", when the government itself is prepared to distort truth just to expand its foreign markets.

Particulars Side show Main
feature 'Pardon my past'

ROXY 21st September '49.

6 P.M.

Sd. A. RAMA RAO,
Marine Engineer.

C/o. Sri. A. Soma Raju,
Asst. Indl. Engineer,
Buckinghampet, Bezwada.

Sir,

On going through the various issues of the Journal of Ayurveda it is gladdening to note that this ancient system of medicine is waking up from a long slumber. Perhaps more zeal and enthusiasm in the way of research would be needed to make up for the lost time. A few impressions however I wish to record, as lay observer.

1. Most of the authors have a tendency of quoting while people in support of their contentions in a manner that it gives an impression that the learned writer attaches far greater weight to their support, than to his own authoritative exposition. I may be wrong but on the face of it, it is unhealthy. We must shed the complex that westerners are superior to us in all respects. It is a thing of the past. We must have confidence in ourselves.

CORRESPONDENCE

43

2. Some of the articles I think do not do full justice to the great statute of Ayurveda. For example dealing with a whole branch of Ayurveda say for example, Pathology or Pharmacology in a few pages is to my mind belittling the value of the system because only the barest and vague outline can be written down in those few pages. Is it not better if we take a problem and fully discuss it?

3. We know Ayurveda has had a glorious past. It is not enough to go on praising it in and out of time. Moreover the tendency to draw comparison between Ayurveda and other system should be given up. It smells of the lurking fear of attack. I for one would ignore all the attacks on the system unless occasionally some one is worth replying to. All the energies must be spent on further research and exposition of the sound but less widely known principles. This will require a great organizational skill. In the end I would request you to kindly take it in the spirit of helpful criticism.

New Delhi :

DR. MOHAN LAL SHARMA,

M.B. B.S., D.T.M., M.R.C.P.

MAJUMDAR'S

KUPPI PAKVA RASAYANAS

(Flask heated mercurial compounds)

Dosage—1-2 grains twice a day before meals.

Vehicle—honey ; ghee ; cream ; butter ; milk.

Name of medicine	Indication	Dose	1 Tola	2½ Tolas
			Rs.	Rs.
Malla sindoor	... Asthma, cough, hysteria, gout, rheumatism, spermatorrhoea, rickets, arthritis, syphilis.	1-2 grains	6/-	14/-
Makaradwaja	... As in siddha makaradawaja.	do.	12/-	28/-
Naag sindur	... Diabetes, all kinds of gonorrhoea, seminal troubles and a tonic.	do.	6/-	14/-
Rasasindura	... Asthma, cough, anaemia, fever, debility, uterine trouble, heat complaint and seminal weakness.	1-4 grains (equal parts) (2 times) (4 times) (6 times)	2/4 3/8 5/8 8/-	5/- 7/12 12/- 18/-
Siddha makaradhwaja	Impotence due to evil habits, spermatorrhoea, diabetes, gonorrhoea, brain tonic, diseases of women, tonic and aphrodisiac.	1-2 grains	40/-	95/-
Swarnasindura	... Nutritive tonic	do.	24/-	55/-
Swarnabanga	... Diabetes, spermatorrhoea, nightpollution, cough, sexual debility, retention of urine, urinary disorders, gleet gonorrhoea.	2-6 grains	3/-	7/-
Sudhanidhi	... Syphilis, leprosy. (Put it in capsule and swallow with plain water).	½-1 grain	5/12	13/-

Name of medicine	Indication	Dose	1 Tola	2½ Tolas
Tamra sindur	... Asthma, cough, stomach trouble, colic, tonic.	1-2 grains	Rs. 5/-	Rs. 11/8
Taala sindur	... Leprosy, syphilis, leucoderma, skin diseases, asthma, cough, fever.	2-4 grains	6/-	14/-
Vangasindur	... Specific for diabetes	2 grains	5/-	11/8

GUGGUL (GUMMY COMPOUNDS)

Directions—usually given with hot water or milk

1 Tola 5 Tola

Gokshuradi	... Phosphaturia, dysuria, gravels, gonorrhoea, urinary complaints, leucorrhoea, seminal impurities, albuminuria, rheumatism (with milk or water).	6-18 grs.	-/6/-	1/10
Kaanchanaar	... Caneer, glands, scrofula, sinus fistula, abdominal and pelvic tumours and ulcer (with decoction of Triphala, Kanchanaar or mundi.	12-36 grs.	/5/-	1/4
Kishore	... Scrofula, ulcers, chronic otorrhoea, fistula, sciatica and rheumatism (with manjeesthadi Kwatha)	6-24 grs.	-/5/-	1/4
Mahaayograj	... Synovitis, paraplegia, sciatica, hemiplegia and other nervous affections, useful in anaemia, chlorosis and scrofula (with milk or Rasnaadi Kwath).	6-12 grs.	1/6	6/-
Nawakaarshik	... Fistula, abdominal and pelvic tumours, piles, fistula and sinus.	12-24 grs.	-/5/-	1/4

Guggul (Gummy Compounds)—(Contd.)

Name of medicine	Indication	Dose	1 Tola	5 Tolas
			Rs.	Rs.
Panchatiktaghrita	... Blood impurities, syphilis, arthrititis, synovitis.	1-2 tea spoonful	-/6/-	1/10
Raasna	... Synovitis, sciatica, paraplegia, hemiplegia and other nervous affection (with luke warm water).	6-24 grs.	-/6/-	1/10
Sinhanaad	... Rheumatism, chorea, colic, synovitis, lumbago, dyspeptia asthma.	8-24 grs.	-/6/-	1/10
Trayodashaanga	... Enlargement of prostate gland, cystitis, internal affection.	6-24 grs.	-/6/-	1/10
Yogaraaj	... Rheumatism, hysteria, synovitis, sciatica, hemiplegia, paraplegia & other nervous affection (with Rasnadi Kwath or luke warm water).	6-24 grs.	-/5/-	1/4

LOUHA & MANDUR (Iron Compounds)

Dosage—2-16 grains

Vehicle—Honey ; Milk ; Butter milk ; Butter and Honey.

		1 Tola	2½ Tolas	5 Tolas
		Rs.	Rs.	Rs.
Chandanadi Louha	... Chronic fever, bilious fever, burning sensation in urine, complaints of liver and spleen.	1/12	4/-	7/8
Dhaatri Louha	... Colic pain, gastritis, duodenal ulcer,	1/10	3/10	6/8

Louha and Mandur —(Contd.)

Name of Medicine	Indication	1 Tola	2½ Tolas	5 Tolas
		Rs.	Rs.	Rs.
Gaganaadi Louha ...	Diabetes insipidus ...	1/10	3/10	6/8
Khandakaadya Louha ...	Cough, haemoptysis ...	1/10	3/10	6/8
Mrityunjaya Louha ...	Ascitis, dropsy, fever, Abdominal complaints, infantile liver.	1/10	3/10	6/8
Navaayas Louha ...	Anaemia, fistula, dropsy, stomach trouble, piles, dyspepsia, worms, creates slight constipation.	1/8	3/8	6/4
Navaayas Mandur ...	Do. ...	1/8	3/8	6/4
Pradaraantak Louha ...	Leucorrhoea, colic in stomach or waist as well as menstrual disorders.	1/12	4/-	7/8
Pippalyadi Louha ...	Hiccough, nausea, asthma, dyspepsia.	1/12	4/-	7/8
Khandak Louha ...	Billious fever, acidity burning sensation, skin diseases, etc.	4/-	9/8	18/-
Punarnava Mandur ...	Anaemia, jaundice. Complaints of liver and spleen.	1/4	2/12	5/4
Putapaak Vishama Jwaraantak Louha.	Chronic fever, con- sumption, indigestion, chronic diarrhoea, complaints of liver and spleen.	24/-	57/8	...

For further enquiries please write to:—

MAJUMDAR AYURVEDIC PHARMACEUTICAL WORKS
90, Connaught Circus, New Delhi.

We have now opened a clinical department under the direct supervision of qualified and experienced physicians. Send the full history of your case in detail and a "stamped self addressed envelope" for free Diagnosis and suggested treatment. Ask for a history chart with 2 annas stamp.

For further particulars write to:-

Manager,

Majumdar Ayurvedic Pharm. Works

90/8 C. Circus, N. Delhi. | Hauz Qazi Delhi.

Tele. No. 7366

5703

For

DEEPAVALI



&
Kanchan Snow

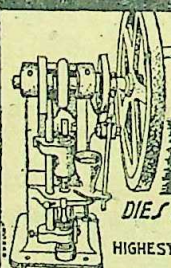
Dhootapapeshwar
Industries Ltd.,

Panval



Bombay

OLDEST FOUNDRY



FOR INDUSTRIAL &
PHARMACEUTICAL MACHINES

Specialist in

TABLETS, PILLS, PASTE MAKING MACHINES
DRUG GRINDERS, DISTILLATION APPARATUS,
JUICE PRESSES, ETC. ETC.

DIES FOR TABLET MACHINE, ROUND OR ANY
SHAPE PLAIN OR WITH NAME
HIGHEST PRECISION AND THE BEST WORKMANSHIP
AT THE LOWEST COST

MODERN MECHANICAL WORKS

LAL KUAN (NEAR KUCHA PANDIT) DELHI.

For Effective Treatment Of All Ailments

Use Ayurvedic tinctures and other medicines manufactured by

The Ayurvedic Compound Tinctures Limited
ALLEPPEY (S. India)

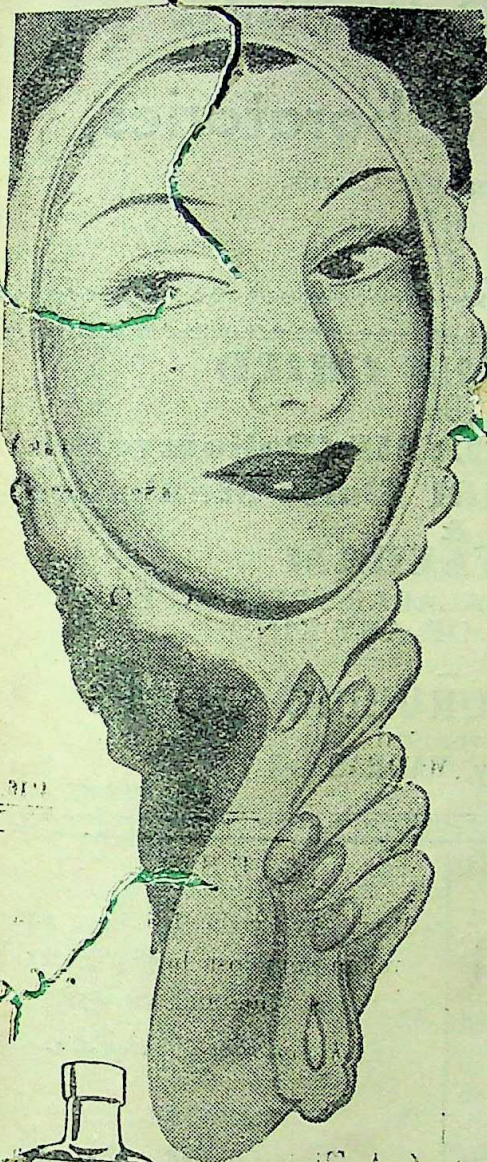
Technical Consulatnt & Adviser :

Vaidyasastranipuna, Gaveshakathilaka,

Dr. L.A. Ravi Varma, M.B. & C.M. (Madras), D.O.M.S (Lond.)

Retd. Director of Ayurveda, Govt. of Travancore.

Enquiries for catalogue and other particulars solicited



**GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
*Your Blood***

The changing seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—**SAFI**. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

Hamdard

HAMDARD

DAWAKHANA

LABORATORIES,

DELHI

H D D - I

For Genuine and Standardised
AYURVEDIC MEDICINE

Please refer

Majumdars Laboratories,

90/8, Connaught Circus,
NEW DELHI.

Apply for Agency & Sole-Agency.

SAVE YOUR CHILD

INFANTILE PARALYSIS (Poliomyelitis)
KSHEERAKALA (101 Times Medicated)

**&
AYAVEERAM**

**THE UNFAILING MALABAR SPECIFIC FOR
PARALYSIS OF ANY KIND**

Apply with full particulars to :—

MALABAR AYURVEDIC STORES

(ESTD. 1924)

107 Broadway, MADRAS,—1.

CATALOGUE FREE.

PHONE 4116.

TRADITIONAL REMEDIES OF INDIA

announce

DIABALIEN

For Diabetes, Glyco-suria and allied ailments.

Approved by the Medical Profession
All particulars are supplied to Medical Practitioners without obligation.
Sole Distributors : **BUYER'S BUREAU**
228, Vithalbhair Patel Rd., Bombay 4

Arvind Ayurvedic Injections
are

SUPREME

Renowned for the purity and potency all over India and abroad.

Available at all good medical stores or direct from the manufacturers
Catalogue supplied free.

Arivand Chemical Works,
Manufacturing Chemists,
Chindwara (C.P.), India.

USE

Misra Ayurvedic Injection and
rejoin your lost health in the
least time and money.

Ask For Free Particulars.

MANAGER,

G. A. Misra Ayurvedic Pharmacy
(Regd.) Jhansi No. 23 U.P.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/-. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request:

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay 1.

To our contributors.

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors of original articles are entitled to receive 24 reprints *gratis*; additional reprints can be obtained on payment. No reprints will be supplied unless contributors ask for them at the time of submitting their manuscripts.
2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the *journal*, before the reprint are ready. If reprints are not received within two months of publication of the *journal* contributors should write to the Publishers.
3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.
4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.
5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.
6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.
7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor. *The Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.
8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.
9. Communications for publishers relating to *subscription* and advertisements should be addressed to publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.
10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editors opinion, are objectionable.
11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7/8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. 1/8/- each. Outstation cheques must include exchange charges.

IN THE FIELD OF VITAMINS



ALEMBIC has contributed a long range of important preparations—reliable, accurate and potent. They are scientifically manufactured, precisely standardized and carefully assayed.

BERVITEX

(Vitamin B1)

Tablets & Injection.

BIVINAL

(Vit. B Complex)

Capsules & Elixir.

CIVINAL

(Vitamin C)

Tablets & Injection.

DIVINAL

(Vitamin D)

Tablets.

KIVINAL

(Vitamin K)

Injection.

NICONIN

(Niacinamide)

Tablets & Injection.

ALEMBIC CHEMICAL WORKS CO. LTD., BARODA

THE JOURNAL OF

Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

No. 11

New Delhi

November 1949

CONTENTS

वाचनालय,
समग्र कोठी

Editorial 1

Articles :—

High Arterial Tension or Blood Pressure
—Dr. Vinayakrao Bapat ... 9

The Ayurvedic Interpretation of Medicine.
—Shri Dharam Dutta ... 19

Ante Natal Care and Nutrition in Ayurveda
—Shri Valluru Subba Rao ... 26

Clinical Problems of Ayurvedic Practitioners
—Kj. Rabindra Ch. Chowdhury 34

Presidential Address
—Dr. P. M. Mehta ... 40

News & Notes ... 45

Review of Book ... 51

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani Tibbi College
Delhi. Secretary, Mar. L. Ayurvedic Research Institute
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir,
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda amshodhan Mandir, atara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO., H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAO, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrtitirtha Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
*Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
Editor in Chief Journal of All India Ayurvedic Congress.*
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४)

मृत्योर्माऽमृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

November, 1949

No. 11

EDITORIAL.

Implementation of three Systems into one System of Medicine.

One of the terms of the reference of the Chopra Committee was :

"Whether a synthesis can be made of three systems—Ayurveda, Unani-Tibbi and Modern—into one all comprehensive system".

The Committee have given their views in detail in their Report in which they were 'forced' to advocate "the urgent necessity of evolving one unified system", because the alternative to synthesis "would mean a surreptitious borrowing by one system from the other "without proper training and understanding" which would inflict serious injury on many patients", and, would lead to a "clamouring by each system for preference by the State" which, if met, would mean a 'colossal expenditure,' and if refused, an awful clamour'. An 'integration' meaning 'an arrangement of studies in such a way that whatever was weak in one system is supplemented and strengthened by the strong points of their other system or systems' was suggested : First both types of subjects were to be taught side by side with the study 'more synthetic and comparative', then the opposite subjects of both the systems were to be taught by the same teachers, and finally "the different hypotheses and theories" were to be tested, checked and verified by eminent

expert of both the systems "with a view to either rejecting or harmonising them".¹

To us there seems to be a certain amount of confusion in the minds of the Committee regarding this matter. If, the Western system "after all represents a development of the ancient system of Ayurveda,"² and the "so-called different schools are only progressive stages of the *same* science of healing pursued on the *same* lines of investigation and experiment,"² (as the Committee quote from the address by His Excellency Shri Rajgopalachari,) and, even the TRIDOSHA SIDDHANTA may be interpreted in some sort of manner with modern bio-physics and bio-chemistry, what is Ayurveda supposed to *give* to the world of medicine? If the "clearing of the systems of accretions of centuries of doubtful value," and the "giving of scientific meaning and significance to the fundamentals of these system 'so that they be accepted by science'," "are to be the 'aims' of research, what about the 'certain gaps' which the Committee can not shut their eyes to, namely that the whole field of—structural physiology and pathology has suffered a 'woeful neglect', and that Indian Medicine 'in these directions, must look to Western medicine for help?'"³

There are many aspects from which any problem can be, and in these days, sometimes has to be, studied, and looking at the problem from the economic stand-point alone, we had ourselves stated that the "crying need of the hour was to get the country out of the clutches of the expensive Allopathic system", and that the "Chopra Committee has shown to the Government that things can be done more cheaply and efficiently with the help of Ayurveda." We had at the same time clearly stated, however, that it does not mean that the Allopathic system 'should be banned or turned out of the country', but that Government aid should be given 'only for the national system'. The Chopra Committee, we have a notion, wanted to steer clear of the violent Allopathic opposition which they would have met with had they stated that, if rejuvenated with a clear and correct grasp of its fundamental principles, the Ayurvedic system was sufficient to meet all the needs of the people. They,

-
1. Chopra Committee Report Vol I P. 86.
 2. Ibid P. 82.
 3. Ibid P. 78.

therefore, shelved their justification of the Indian systems having employed the use of Philosophy, and Ayurveda having embodied in its knowledge "truths cognised by supra-sensory perception",⁴ and in spite of science concentrating 'on a partial view of things', and most scientific literature being 'barren in ideas'⁵ thought it necessary to state that in "diagnostic methods and appliances too Indian medicine is weak and *could* profitably borrow a great deal from the West"⁶ This is perhaps a case of 'politics', a wise man agreeing to loose half to save total loss, according to the Sanskrit saying"

सर्वनाशे समुत्पन्ने अर्धं त्यजति पण्डितः

The introduction of 'politics' into medical matters is always unfortunate, (in the United Kingdom scientists are busy assessing the effects of such introduction in the shape* of the British National Health Service, inaugurated about a year ago,) and even the suggestion of a 'synthesis' raised a veritable hornet's nest around the Chopra Committee, in the shape of biassed criticism by vested interests of the Allopaths. Narrowminded scientists (!) accustomed to bask in the reflected glory of the temporary success of some drug or theory discovered by the West, or by western methods, appear to have so hypnotised themselves with 'political' considerations that they seem to revel in the fact, which to others might appear as a serious weakness, that "science has never claimed to know everything nor the scientific method can cure all diseases".⁷ Although they agree with Bartrand Russell that "*all* definite knowledge belongs to science,, they do not expect any other system to produce "discoveries comparable to vaccine prophylaxis, sulpha drugs, and antibiotics,"⁸ a claim like politics (?) and religion' that the knowledge of the modern scientific system—although admittedly shifting and temporary – is alone "certain and irrefutably true". We therefore, propose to deal with the problem of synthesis in a broad-based manner eschewing any other, but strictly humanitarian considerations.

The principle that "TRUTH is one indivisible' has been repeated ad nauseum from all kinds of platforms, and yet so much

4. Chopra Committee Report Vol I P. 81.

5. Ibid.

6. Ibid.

7. Journal 1. M. A. Vol XVIII July 1949 P. 394.

8. Ibid. P. 394.

wrangling goes on in the world. This is principally due to the quickness of half-baked scholars in insisting that what they know is THE truth! Einstein's ideas of Relativity were ununderstandable to the common run of people because they demanded! a change in our imagination which was difficult especially when we were no longer young.⁹ We had learned to study the surface of the earth with *all* our senses, especially that of touch which 'gives us our sense of reality' and on which we 'rely for accuracy'. When this sense could no longer be used a difficulty arose in understanding things which were really truths. "Before Copernicus people thought that the earth stood still and the heavens revolved about it once a day. Copernicus taught that 'really' the earth rotates once a day, and the daily revolution of the sun and stars is only 'apparent'. "Now it is recognised that all motion is relative and there is no difference between the two statements: 'The earth rotated once a day, and' the heavens revolve about the earth once a day,' "the two mean exactly the same thing".¹⁰ The difficulty about the matter of syntheses appears to us to be of a similar type. 'Physic,' (the science or art of healing) like any other science can be comprehensive or sectional and narrow, and what appears to be the truth in a narrower perspective may be found fallacious in a comprehensive view. Allopathy has made immense strides in the narrow field but has always failed miserably in its generalisations. "Treat the patient and not the disease" has to be a constant warning to the young Allopath. Although it could not make any progress in the knowledge about Leprosy because of the impossibility of producing the disease artificially by inoculation of the Hansen's bacillus in experimental animals, and although it made a note of the 'natural' immunity of varied animal to different bacteria and their varied 'susceptibilities' to the same pathogenic organisms in different condition, it continued to stick to the 'germ' theory of disease, and although the development of 'vaccine prophylaxis' was a matter purely of the 'inscrutable' *function* of the blood, it continued, to lay emphasis on the 'structural physiology and pathology' in spite of its seldom having had an opportunity of studying the processes of the cell in strictly natural conditions 'in vivo'. Those who are not biased have recognised the "birth of the era of functions"

9. Bertrand Russel; "The A. B. C. of Relativity" P. 2.

10. Ibid P. 10.

which has tended to widen the scope of clinical medicine beyond the concept of the organicist. Indeed, as in hyperplasia of the thyroid identical histological appearances may be associated with alleged hyperfunction or absence of function.¹¹ It has also been recognised that "the principles defect on the part of physic proceeds not from a scarcity of medicines to answer particular intentions, but from a want of knowing the intentions to be answered",¹² and, chance being often 'kinder to the experimenter than logic',¹³ new remedies are paradoxically discovered before they are assessed or rationalized.

Homoeopathy, "a form of therapy with a very restricted scope of utility"¹⁴ (?) "supposes that" "the alterations in the organism that are manifested by symptoms are interpreted in terms of anatomy, histology, physics, and chemistry,"¹⁵ but the Dynamic or vital force which is a link "between the ego or the inner man and the body or the outer man," and is capable of being diseased in the form and plane of itself and the ego, is incapable of being subjected to "macroscopic, microscopic or laboratory examinations,"¹⁶ and therefore depends for the treatment of diseases on the idea,—not dissimilar from the idea of vaccine prophylaxis producing 'antibodies'—that a disease or illness can be cured by administering doses of very small quantities of drugs producing symptoms, (in the healthy), similar to those produced by the disease. In practice it has thus to lay a great emphasis on studying the minutest symptoms of the patient before an appropriate drug which will have a "host-cooperation" and will have the required potentiation and ionisation could be selected. That such cures are established is a recognised fact, although the minute biochemistry of the process is still shrouded in mystery.

The Unani system imagines Arkan helped by Amzija to produce Akhlath and Azaa and Rooh which developed the Qhuva which is manifested as Affaal,¹⁷ a classification which is more or less on the same lines as Ayurveda. The Panchabhootas, the Agnis, the Prakritis

11. Harold Thomas Hyman 'The integrated Practice of Medicine.
12. Thomas Sydenham, as quoted in the Practitioner Vol 163 Oct. 1949 P 257.
13. Clifford Wilson. The Practitioner Vol 163 Oct. 1949 P. 257.
14. Journal I. M. A. Vol XVIII 10 P. 394.
15. V. V. Athalye Principle of Medicine and Homeopathy P. 71.
16. Ibid P. 72.
17. Memorandum of the Scientific memorand Sub-Committee (Unani) Chopra Committee Report Vol II P. 249.

Vata, Pitta and Kapha, the Chetana and the Sapta Dhatus, respectively.

The Homoeopathic treatment would seem for the moment to be a "shamna" type of treatment a re-establishment of 'normality' without the drug by itself creating any derangement समीकरोति विषमान् समानोदीरयत्यपि something which the modern Allopathic drugs have seldom achieved to the satisfaction of physicians, since, all too often, while they killed the particular 'germ', they seemed to affect the normal 'germs' (cells) of the body in a very adverse (toxic) manner. The Allopathic chemotherapy, or antitoxic and antibiotic therapy is the application of the Ayurvedic dictum that "all factors at all times, when absorbed in the body, lead in an increase in the similars"¹⁸ and a reduction of the 'dissimilars', and a particularisation of specific instance of the same general principle.

It shall thus be seen that Ayurveda has a comprehensive grasp of the fundamentals of Life and lays out a system of which the other systems would appear to be intensive studies of sub-sections of the principles. "Because our methods of investigation are still crude, and because medical education still insists too much upon the importance of the state rather than the process", says Green, "the cure of established disease, rather than its early detection and prevention" is unduly emphasised in the Western system. In the concept of the Tridoshas, Ayurveda recognised the basic processes of condensation-polymerisation, oxidation-reduction and hydrolysis, and the energy necessary for association and dissociation and the reaction to environment the Kapha, Pitta, Vata. Having determined that pathogenic principles cause a derangement in these functions, which are limited, while the diseases are innumerable,¹⁹ it classified the diseases into these main categories,

१८ सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम्

हा-हेतुर्विशेषस्तु, प्रवृत्तिरुभयस्यतु

च० सू० अ० १/४४

१९ तत्र व्याधयोऽपरिसंख्येया भवन्ति, अति बहुधा तु

दोषास्तु खलु परिसंख्येया भवन्ति, अनतिबहुधा तु

च० वि० अ० ६/५

यथा हि शकुनिः सर्वं दिवसमाप परिपतन् रक्षां छायां नातिवर्तते,

तथा स्वधातु वैषम्यानामत्ताः सर्वे विकारा वात पित्तकफान्नातिवर्तन्ते

च० सू० अ० १७/५

"Just as a bird roaming all day long, can never transgress its own shadow, even so, all diseases caused by imbalance, can never go beyond Vata, Pitta, Kapha

EDITORIAL

and enjoining its followers not to be too eager to name a disease, but to be study the patient, the nature of the excitation of the disease, and start treatment at the proper time,²⁰ it states the principles in invaluable 'aphorisms' because too much brevity would be detrimental to usefulness and cripple the science, whereas there will be no end to the 'detailed treatment of any subject';²¹

Ayurveda can thus supply the basic principles to all other systems, but the modern system can, and should, supply the actual laboratory proofs of the contentions, which must be done, if the present confusion with regard to the 'quantitative' or 'bile-phlegm humoral' nature of the Vata-Pitta-Kapha is to be removed once and for all,²² within the limits which the modern methods of investigation are capable of doing so. Such a synthesis, we agree with the Chopra Committee, is not a task of insuperable difficulty', and, although it will require "the painstaking research by many first class experts for many years to evolve a complete integration"²³ the task must be undertaken in the interests of huamnity in general in spite of what biased and bigoted scholars have to say against it.

२० विकारानामाकुशलो न जिह्नीयात् कदाचन

न हि सर्व विकाराणाम् नामतास्ति ध्रुवारिथतिः

च० सू० अ० १८/४६

तस्मात् विकार प्रकृति-समस्थानविशेषांश्च बुद्ध्वा

काले चारभते कर्म यत्तत् साधयति ध्रुवम्

च० सू० अ० १८/४६, ११/७

२१ न चालभति संक्षेपः सामर्थ्यायोपकल्पते अल्पबुद्धेः,

(न हि विस्तरमय प्रमाणमस्ति) तस्मान्नाति संक्षेप विस्तरः

मन्दानां व्यवहाराय, बुधानां बुद्धवृद्धये,

च० सू० अ० ४/२०, २७/२८

२२ नराणामिव वृक्षाणां वातपित्तकफा गदाः

संभवन्ति यतस्तस्मात्कुर्यात्तदापनाशनम्

श्री शिवतत्व रत्नाकर

The trees also, like man, get diseases due to the derangement of, Vata, Pitta, Kapha, and Surely the ancients did not discern any bile and phlegm in the trees Ayurvedacharya Shiv Sharma, "The system of Ayurveda P. 192-93".

23. Chopra Committee Report Vol. I P. 86.

Only thus will the emphasis be properly shifted to the 'functional' changes in preference to the 'structural' changes, and the coming generations of India's physicians who will have grown up with the idea of these basic classifications, and learned to use them before their mental habits had become fixed, realise its importance. It will enable them to recognise disease before it is manifest in the shape of structural changes or even before the pathogenic causes are yet potent enough to cause disease. (Chaya-kala) They will, at the same time not fall into the error of confusing Kapha-Pitta-Vata with any gross structures constituting the body, because the newer scientific methods, which they will have learned to use, will have shown them the utter futility of trying to isolate them. They will have learned that even the minutest doses can bring about a change in cellular physiology, (as in Homoeopathic practice,) and will not be dogmatic in their reviews. With the principles of Ayurveda — some of them arrived at by 'supra sensory perception' firmly implanted on his mind along with a proper regard for the laboratory method of proving thing, the Indian physician of the future will doubtless be the best medical adviser the world has yet produced !

Announcement

We are glad to announce that contributors, subscribers and patrons of the Journal of Ayurveda have kindly enrolled more subscribers for the journal though not adequate. Yet with future expectations, we have decided to continue the journal. Please therefore try your best to give active assistance to the journal by enrolling more subscribers, so that the journal becomes self-sufficient.

Rs. 250/- for the best article

We express our felicitations on receiving a happy news from SREE VAIDYANATH AYURVEDA BHAWAN LTD., PATNA that it is ready and willing to offer a sumptuous prize of Rs. 250/- to a contributor of a best article published in the JOURNAL OF AYURVEDA in the year 1949.

A committee consisting of the following gentlemen will scrutinize the articles for the purpose and give their final decision. The prize will be declared by the President ALL INDIA AYURVEDIC CONGRESS.

1. Dr. D. N. Banerjee, M.D., Calcutta.
2. Dr. P. M. Mehta, M.D., M.S., Jamnagar.
3. Dr. M. N. Agashe, M.B.B.S., Satara.
4. Dr. A. Laxmipathi, M.B., C.M., Madras
5. Dr. N. S. Paranjapey, Nagpur.

High Arterial Tension or Blood Pressure

AYURVEDA VIDWAN VINAYAKARAO BAPAT, L. A. M. S.

P. O. Siddapur Dt. N. Kanara.

In the recent years High Blood Pressure is becoming a common disease, and we daily read in newspapers that many prominent persons are suffering from this disease. We shall in the following pages discuss this disease according to Ayurveda.

In the beginning we would invite the attention of the readers to the following dictum of Charaka, which would help us in not being perplexed when we do not find similar classification in our books.

विकारनामा कुशलो न जिह्नीयात्कदाचन .

न हि सर्वविकाराणाम् नामतोऽस्ति ध्रुवा स्थितिः

In the above shloka Charaka has clearly said that a physician need not worry about the name of any new disease or set of symptoms, as every symptom cannot be called by an independent name. But he has also shown the easy way of treating any new disease as based on Tridosha Theory.

It would be very convenient if we first understand the disease as described in the Allopathic books, so that we can then easily compare it with the Ayurvedic Verse.

The pure blood while flowing through the Aorta, arteries and capillaries, acts upon the walls of the vessels, giving rise to a sort of pressure. This is known as Blood Pressure. We can easily understand this phenomena from the following example:—

We have all seen a cyclist pumping in air into his cycle tube. Before introducing the air the walls of the tube were close to each other. As the air is pumped in, the tube bulges and assumes a roundish shape. If we just keep our fingers while the air is being pumped, we feel that something is pressing our fingers from inside out. This we call 'Pressure'. The blood while flowing through the blood vessels causes a similar type of pressure which is termed as "Blood Pressure".

We all know that the blood flows in our body in a known speed. If due to some reason or the other, if the speed of the blood flow is increased, then the pressure is also increased. We see that this blood pressure increases on several occasions even during the healthy state; e. g. after dinner, after vigorous exercise, when the mind is restless etc. But the peculiarity in these conditions is that the pressure comes back to its normal state within a short time—from half an hour to one hour and so these conditions are not counted as 'disease'. But if the same state persists for a longer time, giving rise to troublesome symptoms or complication then we call it a disease.

This disease is usually accompanied with old age and during menopause, but it cannot be said that it always occurs in old age.

ETIOLOGY.

Venereal diseases, excessive use of Tobacco and intoxicating drinks, too much thinking, (mental exertion), irregularity in food, tonsillitis, sinus, urinary diseases, nephritis, epilepsy, intra-cranial tumour etc., are said to be the causes of this disease. Any obstruction in the blood flow, in the capillaries may also give rise to H. B. P.

1. When the quantity of the blood, in an individual is increased, the vessels become fuller and naturally the fluid pressure increases.

2. When the heart works more vigorously, more blood is pushed into the vessels resulting in H. B. P.

3. As a result of the contraction of the cutaneous vessels and arterioles (due to external cold etc.), the lumen of the vessels become small and there is this mechanical obstruction to the blood flow which results in H. B. P.

4. Any obstruction to the blood flow in the capillaries may result in H. B. P.

5. Indigestion and constipation also act as a cause of H. B. P.

6. Diminished contractive and retractive power of the blood vessels, old age, heridity, rheumatism, diabetes, lead poisoning, anaemia are also said to be the causes of H. B. P.

The H. B. P. so caused may be local or general depending upon the severity of the cause. If H. B. P. is caused as a result of any defect in the blood vessels in any part of the body it is then usually

local ; whereas if it results due to the increased quantity of blood, or due to heart disease it is then general. This general H. B. P. is more severe and requires prompt medical treatment.

The blood pressure once increased may persist for several days. As a result the blood vessels are forced to labour hard, by contracting and relaxing more forcibly and more often, just to make way for the easy flow of the blood. Due to this excessive work the vessels may become hard or may be inflamed. Thus the lumen of the vessels is diminished in size. As a result the blood pressure is further increased. Thus the blood pressure once increased acts as a cause for the further increased.

We have seen above that H. B. P. results by the irregularity in the blood flow. This irregularity may be due to the hardness of the vessels, due to heart disease, or due to the increased quantity of blood. If we just dive deeper into these causes we can see that H. B. P. is not an independent disease but is seen as a secondary symptom (upadrawa) in several other diseases. According to Ayurveda it is always wise to treat the main disease, by which the secondary symptoms subside of their own accord. But when any of the secondary symptoms are troublesome, then only they require special attention and not always.

SYMPTOMS.

For the convenience of easy comparison with the descriptions of the Ayurvedic books, the symptoms of this disease (as described in the Allopathic books) may be tabulated as follows :—

I. Headache, giddiness, and heaviness of the head are the prominent symptoms. The pain is often experienced in the occipital region, but it may occasionally spread on to the middle head, to the forehead, or to the temporal regions. Nothing definite could be said as to the site of the pain. The pain sometimes increases or decreases of its own accord. It may spread on to the one half of the head or to the whole head. There is always a feeling of "Fullness of the head" with or without throbbing pain. There is excessive flow of blood to the face and it looks more reddish. Many kinds of sounds are heard in the ears (sound aura). The patient sees black and yellowish specks spreading before his eyes, which is usually followed by giddiness. Pulse is more hard and full. Facial paralysis may result.

II. The patient is depressed. He hesitates to do any work. Memory is lost as well as the power of concentration.

III. The patient is very much exhausted even with slight manual labour. There is often dyspnea.

IV. There is no sound sleep. The patient is suddenly awakened during sleep and that too several times in the night and he more often sits up in the bed.

V. The heart beats are increased. There is pain over the heart region. The patient is none short tempered and is easily irritated by trivial reasons.

VI. When the disease is severe there is often bleeding through the eyes, nose, mouth and sometimes from all over the body through the skin. Lameness or rheumatism may set in, due to the diminished muscular activity.

VII. Digestion is poor. Urine is increased.

ACCORDING TO AYURVEDA

It should be remembered in the beginning that all the symptoms described under the several heads are never seen in any one patient. The patients may develop some or all the symptoms described under one or more heads, according to the severity of the disease.

The symptoms described under item No. 1, are pertaining to the head.

निस्तुद्यते भ्रूशं शंखौ घाटा संभिद्यते तथा
भुवोर्मध्यं ललाटं च पततीवार्तिवेदनम्
वध्यते स्वनतः श्रोत्रे निष्क्रियेते इवाऽक्षिणी
वूर्णतीव शिरः सर्वं संधिभ्य इव मुच्यते
स्फुरत्यति शिराजालं स्तम्यते च शिरोधरा
स्निग्धोष्णमुपशेते च शिरोरोगे ऽनिलात्मके
(Cha. Su. Chap. 12)

Severe pinching pain in the temporal regions, sensation of the back head (occipital region) being broken to pieces, burning and severe pain between the two eye-brows and over the nasal bridge, roaring sound in ears, feeling of the eyeballs being pulled out, giddiness, feeling of the joints being separated, throbbing in the veins of the head, tetanic forward bending of the head, the patient

feeling relief with oily and hot (ushna) treatment, these are the symptoms of Vataja Shiro Roga.

Charaka has given the above description as based upon his long experience. One can see that these symptoms closely talks with the symptoms described under item No. 1. Heaviness of the head is the one extra symptom mentioned there. But this is not of much importance, since it is probable that this symptom may also occur in Vataja Shiro-roga, if the vitiated Vata is accompanied by Kapha (Kaphaanubandha). We can also clearly see that Charaka has given some more symptoms than what is described under item No. 1. of H. B. P. But it should be remembered that this description is the compilation from the works of only two authors (Price and Broadbent). It may be seen from close study of these original works that one author has described more symptoms than the other, as observed by them. So it is also probable that the physicians working in the different parts of the world may come across with some new symptoms other than those described by the said two authors. Charaka's description should be viewed in this light we shall proceed further.

कुपित वातजन्म लक्षणम्

हृन्मोह, हृद्द्रव्य, वक्ष उद्वर्षश्च वक्ष उपरोधश्च, वक्षस्तोदश्च,.....,
अशब्द श्रवणं च, वर्चस्तमश्च शंखभेदश्च, ललाट भेदश्च, शिरोरुक्च, ...
तमश्च भ्रमश्च,विषादश्च,ग्लानिश्च, श्यावारुणभासता च.....
अस्वपनं च, अनवस्थितचित्तत्वं च इत्यशीतिर्वातविकाराणामपरिहृत्ये
यानाम विष्कृततमा व्याख्याताः, (Cha. Su. Chap. 20)

Feeling of darkness in the heart, palpitation of the heart, rubbing pain in the heart, feeling of obstruction in the heart, during respiration especially so during inspiration, piercing pain in heart, bearing of several types of sounds, constipation, pain in the temporal region, throbbing pain between the two eyebrows, sensation of the individual entering into dense darkness, giddiness, agony, appearance of smoky or reddish, visions before the eyes, sleeplessness, instability of the mind, these are the symptoms caused when the Vata is vitiated.

All the symptoms of H. B. P. as explained before under several

heads closely tally with the above symptoms. Symptoms described under item No. 2, come under

अनवस्थितचित्तवृत्तच, विषादश्च, र निश्च, हन्मेहश्च,

those described under 3 come under भ्रमश्च वक्षउपरोधश्च

of No. 4. come under अस्थपनं च of No. 5. come under हृद्द्रवश्च, वक्षस्तोदश्च, हन्मेहश्च; Irritating nature and bleeding of No. 6, are Pitta symptoms. Indigestion is not an important symptom as it is seen in almost all diseases.

We have said before that H. B. P. is not an independent disease and that the symptoms of this disease are seen in several other diseases. We have till now shown that the symptoms of H. B. P. closely tally with those of Vataja Shiro Roga and of Vitiated Vata. Bleeding from the eyes, ears, nose and from all over the body is seen when the disease reaches the climax. According to Ayurveda we are to treat this as Rakta Pitta giving particular attention to the accompanying Dosha.

The heart symptoms of H. B. P. closely tally with the heart symptoms caused by the vitiated Vata. These symptoms are also seen in 'Vataja Hridroga'.

हृच्छून्यभावद्रवशोषभेदस्तथाः समोहाः पवनाद्विशेषः

Feeling of the heart being emptied, palpitation of the heart, wasting of the heart muscles (Atrophy of the heart), sensation of the heart being broken to pieces' feeling of obstruction in the heart, are the symptoms of Vataja Hridroga.

DIFFERENTIAL DIAGNOSIS.

Thus the symptoms of H. B. P. are seen in several diseases. It is quite natural then that a doubt arises, when the question of treatment comes in, as to the correct diagnosis. We should now discuss this point.

From the above discussion it is evident that H. B. P. is according to Ayurveda, purely a Vata disease. The diseases caused by the vitiated Vayu are named differently according to the seat or place it abuses. In H. B. P. head symptoms are the most prominent and troublesome, and the symptoms described under heading No. 1. are almost always present. These symptoms closely tally with the

symptoms of Vataja Shiro Roga and Vata Roga. The heart symptoms are not always present and so also bleeding. So these two may be eliminated. We are now to decide between pure Vata Roga, and Vataja Shiro Roga. It is an uncontested point that Vata is predominant in both the diseases.

In pure Vata disease it is not necessary that head symptoms mentioned before should always be present. It depends upon the seat or place that is vitiated. Whereas in Vataja Shiro Roga the head symptoms are as a rule, always present, and they are the most prominent. In H. B. P. also head symptoms are predominant, and these two set of symptoms closely tally with each other. So we can conveniently decide H. B. P. as Vataja Shiro Roga.

We shall decide this factor from the standpoint of Oetiology also—

संधारणाद्विवास्वप्नाद्रात्रौ जागरणान्मदात्
 उच्चैर्भाष्यादवश्यानात् प्राग्वातादति मैथुनात्
 गंधादसात्स्यादात्राताद्रजो धूमहिमातपात्
 गुर्वस्तहरिताहारादति शीतांबु सेवनात्
 शिरोभतापाद् दुष्टाभाद्रोदनाद्वाष्प निग्रहात्
 मेधागमान्मनस्तापाद् देशकाल वपर्ययात्
 वातादयः प्रकुप्यन्ति शिरस्यस्त्रं प्रदुष्यति,
 ततः शिरसि जायन्ते रोगा विविध लक्षणाः (Charak)

These are the causes of Shiro Roga. H. B. P. need not result by sleeping during day time. So also it is not necessary that there will be high Arterial Tension in all the Shiro Rogas, but the contrary is true—that whenever there is H. B. P. there is Shiro Roga. It should be noted that the Dushya in Shiro Roga is blood. The causes of Shiro Roga as described above are almost the same as the causes of H. B. P. as described in Allopathic books. The following description tallies more closely with the Allopathic description.

उच्चैर्भाष्यातिभाष्याभ्यां तीक्ष्णपानात्त्रजागरात्
 वाष्पशोक भयत्रासाद्भारमार्गाति कर्षणात्
 शीतमारुत संस्पर्शाद् वायाद् वेग निग्रहात्

उप साच्चामिधाताद्विरेकाद् मनादपि

शिरागतः शिरावृद्धो वायुराविश्य कुप्यति

We shall further decide this factor from the stand point of upashaya also.

There is not much difference between the treatment of Vataja Shiro Roga and of pure Vata Roga, excepting that special local treatment is carried on in the former along with the routine treatment. The aim of treatment in both the diseases is to control the vitiated Vata. In Vata disease also, special local treatment is carried on (according to the seat of affection) along with the routine treatment. The same procedure is followed in the treatment of Vataja Shiro Roga, with special attention to the head. In both the diseases the vitiated Dosha is the same, and whatever the seat of affection may be the aim of treatment is also the same—to cause the downward flow of Vata. Even in Pure Vata disease if the head symptoms are very troublesome we will have to carry on local treatment as well. We may carry on the treatment of either Vata Roga with special attention to head symptoms or of Vataja Shiro Roga, we will in no case be wrong because both the treatment are almost the same. In both, our aim is to cause the downward flow of Vata from its seat of Dushya which is the head. Thus, since we have a distinct classification of Vataja Shiro Roga in our books it would be advisable to treat H. B. P. as Shiro Roga only.

TREATMENT.

According to Price there is no successful special treatment to this disease. Only ordinary symptomatic and general treatment is to be carried on.

Complete bed rest is most essential. Liver stimulants and frequent purgatives are advised. According to some other authority daily laxatives are preferred to frequent purgatives. Light physical exercises are prescribed. The quantity of drinks along with the food is to be diminished or minimised. Liquids should be drunk an hour before food. Cold baths are to be avoided.

Blood pressure may be temporarily controlled by blood letting : It is not advisable to use drugs which depress the heart.

According to Broadbent the mode of treatment is as follows :—

The aim of treatment in this disease is to remove the waste products from the blood and body. Fresh air regulated physi-

cal exercises, walking, or morning horse-ride are advocated. The quantity of Nitrogenous food which increase the faeces should be minimised. Free intake of water in empty stomach is good since it washes the salivary glands and tissues and throws out the waste products. Night and morning are the most suitable time for drinking water (hot). The hot water that is drunk in the night stimulates the stomach, helps the free downward (Anulom) flow of Vata and assists the transmission of the undigested food into the duodenum. The arterioles also stimulated by the hot drink. As a result the patient often gets sound sleep. The hot water drunk in the morning stimulates the glands.

It is necessary to make the patient get up early in the morning. He should be given limited diet. It is advisable to minimise non-vegetarian food. A calomel purge is often useful when the B. P. is high.

TREATMENT ACCORDING TO AYURVEDA.

The modern scientists may have advanced in the diagnosis etc., of this disease, but when it comes to the question of treatment they are silent (as in the case of several other diseases) as is shown in the preceding paragraphs. But we shall see what Ayurveda prescribes.

As said before the aim of treatment is to bring down the vitiated Vata, with special reference to the head which is the seat of 'Dushya.'

वातजात शिरोरोगे स्नेह स्वेदन मर्दनम् [नावनम्]

पानाहारोपनाहाश्च कुर्याद् वातामयायहान्

Rubbing with medicated oils, sweating with fomentation (Upanaaha), or poultice prepared with special drugs, massage, and nasya are indicated. Food and drinks which have the property of bringing down Vata are to be prescribed.

Application of medicated oil, message, and sweating to help the downwards flow of Vata. There are only two channels of approaching the internal Srotas of the head. These are the Nose and the Ears. In this disease it is rightly advised to put in medicated Taila through the Nose. (If need be it may be put into the ears also). As an accessory treatment (upnaaha), a special

process of fomentation is advised to decrease the tension in the nerves, ligaments, tendons and tissues, help the easy downward flow of Vata.

The above treatment also helps the easy speedy return of the Venous Blood, thereby directly decreasing the arterial tension.

In this disease the blood vessels are stiffened and have partly lost their contractive power. By Sneha and Sweda with the special drugs these vessels are nourished, softened and rejuvenated. Upanaaha assists the above two processes. By all these methods the subcutaneous vessels are easily dilated making room for more income of arterial blood. Thus the ailment is directly decreased.

Through Nasya we can directly reach the Frontal Air Sinuses. The whole passage is lubricated, and nourished and the blockade if any, due to the vitiated Vata is removed. The oil used for this purpose, by its oiliness and by the special medicated properties, softens and nourishes the nerves, blood vessels and the tissues; lessens the tension in the nerves and ligaments, clears off the obstruction of Vata, and expels the impurities and Doshas by means of watery secretion through the eyes and nose and thus relieves the pain.

Special local applications are advised which may be necessary. These drugs by their mechanical and special properties bring down the Vata and relieve pain. They also help, by the mechanical action, the speedy return of the Venous blood.

When these methods fail Shirobasti should be tried with the selected Taila. By this treatment the patient gets sound sleep on the very day of the treatment. Along with these, general treatment for subduing the vitiated Vata are to be carried on.

-
1. A Text book of practice of Medicine by Frederick. Price M.D., F.R.C.S.
 2. The Pules by W. D. Broadbent.
 3. Charaka Samhita.
 4. Maadhava Nidaan.
 5. Aarogya Darpana (Blood Pressure Number).

The Ayurvedic Interpretation of Medicine

By DHARMA DUTTA, *Sidhant-Alankar, Ayurveda Bhushan,*
Kankhal (U. P.)

(Continued from the August issue.)

Diseases due to the activated or accelerated (Prakupit) agni

FEVER DUE TO THE ACTIVATED AGNI (PITTA JWAR).

In case the poison of some virulence gets into circulation and comes in contact with the whole of the body the reaction on the part of the agni is general and intense giving rise to high fever. Thus all fevers occurring as the result of excessive production of heat or accelerated (Agni-Karm) in response to the acute toxoemic or septicaemic substances and attended with usual symptoms as sweating, thirst, vomiting diarrhoea, delirium, intoxication, anaemia, quick bounding pulse etc., are called Pitta Jwara or fever due to the disorder of Pitta.

DISEASES OF THE BLOOD DUE TO THE DISORDER OF PITTA.

The haemorrhagic or purpuric state which is either due to excessive haemoptysis or due to the damage done to the endothelial lining of the most susceptible blood vessels by some toxic agent circulating in the blood, being caused by the aggravation of pitta in the blood is called 'Rakt Pitta' in Ayurveda. (While such haemorrhagic state as is mainly due to vascular hypersensitivity or vascular fragility or the inadequacy of the essential elements, of the blood is called vatic Rakt Pitta).

The type of anaemia mainly attributed to the excessive destructive action on the blood of the bacterial toxins and other poisons is called 'Pitta Paandu' and in the same the type of jaundice occurring as the result of excessive haemolysis and consequent increase in the formation of bile pigment is called Pitta Kaamala (while that type of Kaamala which is mainly due to the degenerative or cirrhotic changes occurring in the liver is called Vatic Kaamla and when followed by more or less ascites is called Kumbh-Kaamla).

DISEASES OF THE STOMACH DUE TO THE DISORDER OF PITTA.

When toxins bacterial or metabolic are excreted through the stomach or intestine, especially in an individual with constitutional

hyperchlorhydria and hypersthenis gastric diathesis (tikshnaagni) or irritant foods are indulged in by one of the same constitution, gastritis attended with thirst, vomiting, heart burn etc., called Amla Pitta in Ayurveda or enteritis associated with profuse watery diarrhoea called 'Pittaatisaar' ensue.

DISEASE OF THE LUNGS DUE TO THE DISORDER OF PITTA.

When a virulent toxin or poison gets into circulation in an individual who is predisposed to over activity of 'agni Karm' and whose lungs are susceptible, it is excreted into the lungs and thus it sets up hyperaemia or acute inflammation attended with such symptoms as high fever, purulent expectoration, thirst etc., in the lungs and respiratory tracts. This condition in Ayurveda is called Pitta Kaas or Bronchitis due to the overactivity of digestive process in the lungs.

SKIN DISEASES DUE TO THE DISORDER OF PITTA.

Acute vesicular, pustular, bullous eruptions or erythematous rashes or acute inflammatory lesions of the skin due to the presence in blood of some toxic substance of bacterial or gastro-intestinal origin are called skin-diseases due to the Pitta.

DISEASES OF THE URINE DUE TO THE DISORDER OF PITTA.

When urine contains blood (is dark in colour) or haemoglobin (is red in colour) or bile pigment or urobilinogen (is yellow in colour) or other substances resulting from excessive 'agni Karma' destruction of the blood it is called 'Pitta Meha' in Ayurveda.

ACUTE INFLAMMATION (PITTA SHOTH):

In case the reaction on the part of the agni in response to a toxin circulating in the blood is confined to an organ only, acute inflammation or abscess formation accompanied with redness, heat, liquifaction etc., follows, which in Ayurveda is called Pitta Shoth. All such acute inflammations as Acute Appendicitis (Pitta gulum), Acute Peritonitis, (Pittodar), Empyema (Klom vidradhi), Peri Nephritis (Vrikka Vidradhi), Suppurative Encephalitis (Shankhak shool), Osteomyelitis (Asthi Vidradhi), Suppurative Sinusitis (Pitta Pratishyaaya), Suppurative Tonsillitis (Gal Vidradhi), Pelvic Cellulitis (Makkal Vidradhi), Hepatic Abscess (Yakrit Vidradhi), Acute Mastitis (Stan vidradhi), etc., in Ayurveda are regarded as local reactions of Pitta in response to the toxins circulating in the blood. This reaction is beneficial to the patient in as much as it is an attempt on the part of the

body to destroy the toxin in question.

PITTA KSHAYA OR DEFICIENCY OF PITTA :

If the agni of the body is inadequate and unable to react to the action or irritation of the poison and consume it, the temperature of the body or the part involved falls, and the prognosis becomes serious. This condition in Ayurveda is called Pitta Kshaya or want of 'Pittagni'.

TREATMENT FOR THE DISEASES OF PITTA :

PREVENTIVE TREATMENT :

Those who are not accustomed to heat or stimulating articles of food should avoid them as far as possible. They should be carefully guarded against during the early part of summer and autumn. During these seasons the quantity of daily diet also should be cut down to the minimum.

CURATIVE TREATMENT : ELIMINATIVE TREATMENT ; (SHODHAN CHIKITSA) :

Since the reaction on the part of 'Agni' constituting fever and various inflammations is a defensive measure it should be promoted with a stimulating, diaphoretic and hot treatment. With this object the preparations of aconite as "Mrityunjay Ras" and Langhu Panch mool quaath, are generally administered.

After the waste products (malas) of the body along with the invading poison have been oxidised and as a consequence of it temperature declines a cathartic, like the powder of Haritaki or Trivrit or Triphala, or decoction of Draakhsa, Haritaki, Aaragwadh, Katuki, etc. should be administered. Since cathartics act directly on the detoxicating organs like liver, spleen, intestine, and purge the body of its toxins, it is said to be the appropriate treatment for diseases of Pitta. Another method to eliminate the toxins from body and to purify the blood, as advised by Ayurveda, is Vene Section. Thus in acute inflammations, acute fevers, malaria, erysipelas, septic and eruptive fevers, toxæmia, tendency to hæmorrhage etc., toxins are got rid of by means of cathartics and Vene Section.

PALLIATIVE TREATMENT : (SHAAMAK CHIKITSA) :

Since heat promotes the activity of poisons and application of cold hinders it, the cold treatment consisting of cold climate, cold baths, cold applications, and such remedies as have cooling and soothing

effect on the body is instituted. Ghee or butter is extolled, in Ayurveda as the best article of food that counteracts the effects of poisons, and lessens the overactivity of the agni. Hence pure ghr̥it or some prepared ghr̥it as Triphala ghr̥it, Tikt ghr̥it, is administered in the diseases of Pitta with much advantage.

KAPH DHATU :

Though their relative amount may vary from time to time and person to person both the processes of tissue-breaking and tissue-building go on hand in hand in every part of the body. The phenomenon of growth that involves multiplication of cells and production of new living-matter is a fundamental property of life. It lasts so long as the life lasts but in the embrionic and growing periods of life it is much more manifest. When the body has attained its full adult size at the age of about 20 or 25 though apparently it stops growing, but the growth assumes a different form of repairing the old and worn-out cells with new ones and repairing the wear and tear caused by disease and injury. The reproductive function which lasts upto the 50th year of life and the creative function of mind lasting until the end of life are also other forms of growth.

The chief factor that produces growth appears to be the tissue-fluid through which tissues derive their food. The ultimate substance present in the tissue fluid that promotes growth and restores the injured tissues to their normal condition is called 'Kaph' in Ayurveda. (The word 'Kaph' means the substance resulting (Pha) from 'Ka', or water).

The fluid derived from the tissues of embryo or living organs have been used in order to accelerate the rate of growth in artificial tissue-culture. This fact also has been proved that if the injured living-tissues are washed with a sterile fluid, this fluid, when filtered is found to contain a substance which when added to tissue culture activates the process of growth.

The tissue fluid in addition to promoting growth exerts a destructive action on bacteria and poisons and renders the body immune to ordinary disease-producing organism. This property in Ayurveda is attributed to 'Kaph' which in this respect is called 'Ojas' (Sa chevō-jahsmritan kaye. Ch. su) or the resisting substance of the body. In virtue of this property of 'Kaph' all inlets of the body as the alimentary canal, the respiratory system, the skin, are liberally provided with lymphoid tissue.

Although the bodily fluids, in general, are said to be the seat of 'Kaph' yet some of the fluids have been particularly mentioned in this respect. For instance, the mucous secretion of the stomach that dissolves and prepares the food material for digestion is called 'Kledak Kaph' (that which makes a watery solution). The tissue fluid of the respiratory system or the lungs is said to be the chief seat of 'Kaph'. Since on its proper functioning the welfare of the body depends it is called 'Avalambak, Kaph' (or Basic Kaph). The fluids of the oral and pharyngeal tissues that helps the tongue in preceiving the taste is called 'Bodhak Kaph'. The lymph-like-fluid of the brain is called cerebrospinal fluid being nutritive to the nerve-tissue is named as "Tarpak Kaph". Since synovial fluid lying in the cavities of the joints lubricates the ends of bones and thus plays the role of Kaph it is called 'Shleshak Kaph', the fluid lying in the serous cavities also plays a similar role and may be called as 'Shleshak Kaph'.

On account of the existence of this element of 'Kaph', in them various vegetable and animal products form our food. The greater the amount of this element the more nutritious and 'Kaph-Vardhak' the food becomes. Such foods as milk, butter, cereals, eggs, meat soup, vegetable soup, and fruits which are rich in this element are considered as 'Kaph-Vardhak', or nutritious foods. In contrast to them the articles of food which are poor in this element and as such are not nourishing are called Vayu Vardhak or less nutritious foods.

THE PRAKRITI OF KAPH (PHLEGMATIC TEMPERAMENT) :

The person in whom the element of water is predominant over that of agni or in whose tissues constructive process is, constitutionally, in excess of the destructive one, is said to have the temperament of Kaph. On account of natural good nutrition his body is well-nourished, well-proportioned, handsome, strong, stout, but slow in movements, the amount of food he takes is less in comparison to the build up of his body. He can stand hunger, thirst and privations well. Mentally he is over inhabited and hence unexcitable, calm, quiet, slow and critical in nature. His power of resistance, power of reproduction and his capacity of forbearance and to remain unruffled is great. The persons having these characteristics often succeed in winning friends for themselves and attaining their worldly objects easily.

CAUSES OF THE DISORDERS OF KAPH :

Excessive intake of nutritious diet and drinks combined with such factors of life as want of exercise, residing in cold and damp regions, excessive sleep, rest carefree life phlegmatic temperament bring about a state in which the bodily income or constructive side of metabolism increases and the bodily expenditure or destructive side of metabolism decreases.

In this state, when the oxidative process (Agni Karm) of the body is weak the food consisting of carbohydrates, fats, and proteins is not properly oxidised and as a result of its faulty combustion such products of incomplete oxidation as lactic acid, fatty acids, cholesterol, uric acid, etc., called in Ayurveda as "Aama Vish" or metabolites are formed in great amount and get accumulated in the blood as well as in the tissues. Accumulation of these incomplete end-products in the bodily tissues acting as a mild irritant poison, according to Ayurveda, gives rise to the disorders of 'Kaph' and the state in which they accumulate in large quantity in the body is called aggravation (Vridhi) of Kaph.

Some natural conditions tend to aggravate 'Kaph'. For instance after hearty meals when income exceeds expenditure, during the first part of night owing to sudden advent of cold; and in early part of day as well as during the time of spring when heat of the sun grows suddenly and in the first part of life when naturally growth exceeds consumption, retention of lymph in the tissues is liable to take place.

DISEASES DUE TO THE DERANGEMENT OF KAPH :

This generalised aggravation of Kaph tends to localise itself in such a part or organ of the body in which the blood vessels are weak or have been rendered weak under the influence of some external irritant or exposure to cold. The blood with metabolic mal-products gets congested in the dilated blood vessels of the organ and so alters the vascular walls of the organ that transudation of lymph through them increases. With this transudation a large amount of metabolites gets into the tissues of the organ and raising its tissue-pressure makes a greater demand of lymph from the blood vessels. In this way owing to excessive exudation of lymph a white swelling appears which in Ayurveda is called 'Kaph Shoth', or 'Oedema', due to the derangement of Kaph.

This localised aggravation of 'Kaph' or Kaph Vridhi renders the organ vulnerable to infection. In the words of "Charaka, the healthy tissue-fluid which is the strength or 'Bal' and is a bactericidal substance of the body when vitiated becomes 'mala' and a good medium for the growth of bacteria (Prakritastu balam shleshma vikrito mala Uchayate, Sa chevojah smritaah Kaaye sa cha Papmopadishyate, Ch su.)" Thus some kind of germs gets a foot-hold in that part and begins to grow and produces a poison. In response to the irritant action of this poison a reaction on the part of tissue-fluid consisting of protective, and repairative activity takes place which constitutes 'Kaph-Shoth'. In order to destroy, and flush out the poison the tissue produces a great amount of exudating fluid. In this variety of oedema the protective, repairative or proliferative activity is in ascendance over the destructive one.

This Kind of inflammation called catarrhal or proliferative inflammation or oedema or (Kaph shoth) can take place in any organ of the body, however, a few of them for the sake of elucidation may be mentioned here.

RESPIRATORY DISEASES DUE TO THE DERANGEMENT OF 'KAPH':

If the respiratory system is exposed to chill or irritating vapours when there is general aggravation of 'Kaph' in the body, any part of the mucous membrane of the tract is liable to get infiltrated with the fluid, with the result that, such diseases as common cold (Kaph pratishyaaya), Pharyngitis (Shleshmic galshoth), laryngitis (Shleshmic Kanth shoth), Bronchitis (Shleshmic kaas), pulmonary oedema consisting of serous exudation in to the air vesicles (Shleshmic Phuffus Shoth) all accompanied with copious discharge of mucous exudation may take place.

DISEASES OF THE ALIMENTARY CANAL DUE TO DISORDERED 'KAPH':

If some indigestible food is ingested when there is already general aggravation of Kaph in the body, catarrhal inflammation of the stomach and intestine called catarrhal gastritis (Shleshmic amlapita) and Dyspeptic diarrhoea (shleshmic Atisaar) follow which are attended with such symptoms as fullness in the epigastrium, loss of appetite, nausea, salivation, vomiting of mucus in the former and passing of some loose, foul smelling, slimy stools in the latter.

When the brunt of dietary indiscretion falls on the liver and as a sequence catarrhal inflammation, followed by infection, specially

occurs in the biliary passages, catarrhal-jaundice (Shleshmic Kaamla) attended by such symptoms as deep yellowish tinge and pruritus all over the body, anorexia, sense of epigastric fullness after meals, slight tenderness and enlargement of liver, and passing of clay coloured stools, result.

SKIN DISEASES DUE TO THE DERANGEMENT OF 'KAPH' :

When as a result of general aggravation of 'Kaph' inflammation of catarrhal nature takes place in mucous layer of the skin and in hair follicles the condition is called 'Kaph-Shoth', of the skin. The oedema of the epidermis, formation of papules, vesicles, bullae containing clear fluid and swelling of the follicles resulting in the production of such diseases as Eczematous dermatitis (paama), seborrhic dermatitis (Arunshi), acne (Yuvaan Pidica) etc., are said to be the results of disordered 'Kaph'.

(Continued)

Ante Natal Care and Nutrition in Ayurveda

By SHRI VALLURU SUBBA RAO, A.M.A.C., A.L.I.M., ETC.

Valluru, Guntur Dt. Andhradesha

(Continued from the last issue)

DIETETICS TO THE ENCIENTE IN AYURVEDA

In the 1st and second months, give the pregnant woman sweet, cool, and fluid articles abounding in 'Shashtika' rice and milk. In the first month she should drink cool milk at suitable intervals and according to digestive power, in addition to taking wholesome meals morning and evening; in the 2nd month, her milk should be medicated with drugs of the sweet group (madhurgana). In the 3rd month she should be given "Shashtika" rice with milk especially.⁴⁰ Honey and ghee should be given with the milk.⁴¹

From the 1st and 3rd months, she should be given everything she asks, excepting the harmful things : do not give hot, pungent, and indigestible foods nor intoxicating substances; she should not eat meat and should avoid things that are harmful to the generative organs; if she wants such a substance, it should be administered along with a wholesome article, otherwise *desires that are denied, derange Vayu and kill the fœtus.*⁴²

In the fourth month, the enciente should be given 'Shashtika' rice with curd, large quantities of milk and butter; relishing food, and flesh of wild animals like deer etc.

In the 5th month 'Shashtika' rice with milk and other food with milk and butter.⁴³ In both the 4th and 5th months she should be given one ounce of butter prepared from fresh (unboiled) milk.⁴⁴

In the 6th month she should take 'Shashtika' rice with ghee in adequate quantities with gruel of rice, barley wheat etc. or decoction of "Svada—mashtira."⁴⁵

In the 7th month give ghee in adequate quantities prepared with *Uraria Picta* group (*Prasni-Parnyaadigana*) of drugs.⁴⁶ In both 6th and 7th months she should take ghee with 'sweet group' (*madhuraadi gana*) of drugs. In the 7th month she should take butter with infusion of *zizypas juba* (*Badari*) and drugs of the sweet group (*madhuraadi gana*). Her diet should be light and tasty with less of salty and oily substances, (i) she should apply the paste of *Santalum album* (white Sandal), *Andropogan murictus* (*usheera*) to the thighs, breasts and abdomen, (ii) or the paste of the three myrobalans (*Triphala*) with blood of deer, antelope or hare, (iii) should massage the body with the paste of *Trichosanthes cucumarina* (*Patol*), *Meliazadirachatu* (*Nimba*), *Rubia Cordifolia* (*manjiottha*), and *Ocimum sanctum* (*Tulsi*) (iv) she should sprinkle on her body the decoction of *Berberis asiatica* (*Daru Haridra*) and liquorice (*Yashtimadn*).⁴⁷

In the 8th, 9th, and 10th months, she should take liquid diet, gruel of rice, barley, or wheat made up with fatty substances and soup of flesh of wild animals like deer etc.⁴⁸

In the 8th month, she should take rice conjee prepared in milk, at suitable intervals; Bhadrakapya says that this diet causes the eyes of the child to become grey, and should therefore be avoided; but Charaka opines that such a contingency need not be feared, for the child becomes very healthy, strong, of a bright complexion, and of a beautiful voice; it possesses grace and acquires eminence among its conferers.⁴⁹ In this 8th month the enciente should be given rice conjee and ghee, give her an enema of ghee medicated with sweet group of drugs; in case of constipation give dried 'Raphanus Sativus' tubers and sour 'Zizyphus jujuba' fruits, give her an enema of the paste of 'Foeniculam vulgare, ghee, oil and 'Saindhava' salt.⁵⁰

In the 9th, give the enciente an oil enema medicated with 'sweet' groups of drugs, and *keep in the vagina cotton swabs soaked in this medicated oil*, the uterus and the vagina thus become soft and pliable and delivery ceases to be a terror.⁵¹ In this month give her oily food, meat juice and rice congee, with plenty of ghee, give her the enema of medicated oil mentioned above and *insert cotton—swabs of the same in the vagina*; she should bathe everyday with the decoction of *Vayu subduing drugs*. viz. Crataeva religiosa (Varuna), vitex nigundu (Nirgundi) etc. and should massage the body everyday with oil.⁵² For the purpose of restoring the Vayu of enciente's body to the normal course and condition, the cleaning of the bowels, she should take an enema of the decoction of Zizyphus jujuba, sida cordifolia, abutylon indicum, puecedanum graveolende, randia dumetorium, powdered sesame seeds, flesh, milk, cream of curds, oil, honey, and ghee, after this, she should take an enema of oil, prepared with milk and decoction of drugs of the 'sweet group,' *these restore the Vayu and bring on an easy and natural parturition unattended with any pueraperal disorders*. This regimen makes the enciente strong and healthy; parturition is easy and unattended with disasters.⁵³ It softens the back, abdomen and the lumbar and pelvic region of the enciente; vayu remains in a normal condition; urine and foeces are passed normally, skin and nails become soft, strength and complexion improve; the delivery is free from troubles; and the child is healthy and has desirable qualities.⁵⁴

Summarising the whole, Kaviraj Viswanath Sen in his book on Dietetics says:—

Suitable:—(Shaalaya) sali rice, shashtika rice, green gram, wheat, pulv of fried paddy, butter, ghee, milk, rasaala, honey, sugar, pansa fruit, banana, amlaki, draaksha, amla (sour) madhur (sweet), seetha (cooling) foods are recommended. External applications like kastoori and sandal flower garlands, camphor refined, enjoying moonlight, bath, oil bath and massage, soft beds, cool breezes, strength giving measures, pleasurable talks, pleasing environments, most palatable dishes are highly recommended for pregnant women.⁵⁵

EXCESSIVE INDULGENCE OF ENCIENTE IN SHADRASAS THEIR REACTIONS ON THE FOETUS

The woman who is addicted to sweets brings forth a child that becomes subjected to Prameha, dumbness, and obesity.

The woman who is addicted to sour goods bring forth a child that becomes subjected to bilious haemorrhage or diseases of the skin and eye.

The woman who is subjected to saline food and drink, brings forth a child that becomes subject soon to wrinkles, whiteness of hair, or baldness.

The woman who is subjected to pungent food brings forth a child that becomes weak, or endued with scanty semen, or incapable of begetting offspring.

The woman who is addicted to astringent food brings forth a child that becomes of a smoky colour or subject to epistaxis, or suppression of urine and stool.⁵⁶

So far a brief study about nutrition and methods of maintaining Vayu in an equable state. *The function of Vayu locating in the region of pelvis and uterus* :— It is the cause of the various created forms ; creator and supporter of progeny ; the great annihilator, and death itself. It determines the growth, origin, and disintegration of all animated beings. It gives form to the foetus ; may kill it ; or it may make the foetus deformed, it postpones delivery. The disorders of pregnancy, abortion or miscarriages are also the causes for aggravation of Vayu. Deranged Vayu causes loss of power of conception. Hence the maintenance the equilibrium of Vayu, especially Apaana Vayu is important from the obstetric and gynaecological point of view.

Pathological reactions on the foetus due to the neglect of antenatal care :

They are (i) Monstrosities, (ii) Deformities, (iii) peculiarities, (iv) Congenital diseases, (v) Atrophy of the foetus, (vi) Hypertrophy of the foetus, (vii) Death of the foetus.

(i) *Monstrosities*. These are due to the non-gratification of the desires of pregnant woman ; gratification of improper longings, derangement of her Aahaara Rasa.

Derangement of Vayu causes the foetus to assume forms of different species e. g., a snake, an animal etc., or the foetus may have different and have irregularly placed or controlled limbs.⁵⁷ Serpents, scorpions or gourd shapes of the foetuses are due to deadly sins of the mother ; the shape of God, animal or a monster is determined by the person's acts in its past lives, a boneless monstrosity is the result of

a sexual act in which both the parties are females, and their menstrual fluids unite somehow in the womb of one of them, a thin boneless jelly like mass (Kalal) is due to fecundation in the womb of a woman who dreams of sexual intercourse in the night following her menstrual period. It is due to the absence of parentaral elements, (in the semen), in the development of foetus, the local Vayu carries the ovum to the uterus and exhibits signs of pregnancy which develops month by month till the full period of gesation.⁵⁸

(ii) *Peculiarities :*

(a) Desires for particular food, conduct and character are determined by those of its parents during the sexual act. Mental traits are the results of acts of prior births.⁵⁹

(b) Stupidity is due to mother eating Vayu generating substances.⁶⁰

(c) Effiminacy is due to an act of impregnation foolishly or ignorantly affected during the menses of mother.

(d) Masculine traits in a female child are due to the woman riding her husband during the sexual congress.⁶¹

(e) Features of the foetus:— (1) They are like those of the person whom a woman thinks during the sexual congress, (2) the featus is made up from the four elements, which are obtained from the semen, menstrual fluid, the food of the mother, and the actions of the foetuse's past lives; which of these is powerfull helps prominently to form the features of the foetus.⁶²

(f) Complexion depends on (1) the admixture of the earth, water, fire, eather, principles, (2) and the colour of the food taken during pregnancy.⁶³

(g) Albinism and grey colour are due to Kapha generating substances by the mother.⁶⁴

(h) Baldness and grey headedness are due to eating Pitta generating substances.⁶⁵

(i) Colour of the eyes is influenced by the fire principle and the humours.⁶⁶

(j) Blood shot eyes are due to the fire principle penetrating the blood of the foetus; yellow pupil is due to some fire principle entering Pitta; white eye is due to the same entering the Kapha, defective

eye is due to the same entering the Vayu; and nongratification of the enciente's desires.⁶⁷

(k) *Blindness is due to* (1) mother eating Vayu generating substances, (2) Non-gratification of enciente's desires, (3) the failure of Agni principle in reaching the region of the still undeveloped eyes of the foetus, (4) improper conduct of the mother, (5) derangement of Aahaara Rasa and (6) injury to particular part of the ovum.⁶⁸

(1) Deafness, dumbness, and nasal voice are due to non-gratification of enciente's desires; gratification of improper desires, improper conduct of the mother; derangement of the Rasa Dhatu of the mother; and deranged condition of Vayu.⁶⁹

(iii) *Deformities:*

1. Parental: These are generally due to (a) Vayu and other doshas of the parental secretions, (b) the age of the parents. (c) Injury of the particular part of the ovum derived from the various sources.

2. Maternal:— These are generally due to, (a) the humours (vitiated) of the uterus, (b) irregularities in the food of the mother, (c) derangement in the Ahaara Rasa of the mother, (d) improper conduct of the mother, (e) forced straining by the mother in the absence of real labour pain.

3. Foetal: Deformities may occur, be the results of actions in the past births.

(a) Hump back—It is due to (1) non-gratification of the wishes of the enciente, (2) derangement of Vayu, (3) forced straining in the absence of labour pain.

(b) Irregularly placed and contorted limbs, are due to derangement of Vayu and other Doshas and to eating of Vayu-generating substances.⁷⁰

(c) Lameness and blindness are due to (i) ungratified desires of the enciente, (ii) deranged condition of Vayu.⁷¹

(d) Deformed jaw-bones are due to forced straining efforts in the absence of real labour pains.⁷²

(e) Dwarfism and cretinism are due to (i) mother eating Vayu-Generating substances, (ii) non-gratification of the desires of enciente, (iii) gratification of improper longings, (iv) derangement of 'Rasa Dhatu', (v) improper conduct of the mother.⁷³

(4) Congenital Maladies :—

If the enciente indulges largely, during the period of conception, in those articles which have been laid down as the inducing causes of the particular diseases, she brings forth children that becomes subjected to those congenital maladies.⁷⁴

(1) Leprosy—If the father is a leper the 'semen' carries this tendency to the foetus; if the mother is a leper the 'menstrual fluid' carries this tendency, the same happens in all other hereditary diseases.

(2) Paralysis—is due to non-gratification of enciente's desires.⁷⁵

(3) Sterility of the mother and the father

(a) the daughter bears no children if the blood of the female foetus, or its rudimentary uterus is effected by vitiated doshas.

(b) All the future children of such a daughter are born dead if the portion in the mother's 'menstrual fluid' which contributes to form the uterus of the female foetus is effected by doshas, the same happens to a male foetus if the corresponding elements in the 'semen' of the father are effected by humours.⁷⁶

(5) Atrophy of the foetus :—

Atrophy of the foetus but not its death is also due to *deranged vayu*; the abdomen does not appear to be so full and distended, the movements of the foetus in the womb are slow or absent, if properly treated it grows again.⁷⁷ It is due to scantiness of Rasa-dhatu, blocking of the ducts in the umbilical cord or irregular diet. Drying of the foetus may occur on account of its improper nourishment; if properly nourished later, it goes to full term but the process may take years.⁷⁸

(6) Hypertrophy of the foetus ;—

Excessive growth of the foetus tends to swell abnormally the region of the abdomen and is accompanied by anasarca of the legs. This can be checked or remedied with corrective or passifying drugs.⁷⁹

(7) Death of the foetus :—

The internal ducts and vessels choked up with aggravated Vayu bring about a weakening of the foetus, and if this state continues it may cause even the death of the foetus.⁸⁰ Aggravations of the three doshas Vayu, Pitta and Kapha or observing a contrary regimen may

cause death.⁸¹ Absence of any of the factors which help the growth and development of the foetus may cause its premature birth or death.⁸² Death may be caused by (1) Non-gratification of the enciente's desires, (2) if that element in the mother's 'menstrual blood' which contribute to form the uterus of a female foetus, is effected by doshas, all the future children of such a daughter are born dead (Mritavanya), the same happens to a female foetus if the corresponding elements in the 'semen' of the father are affected by humours.⁸³

Other factors are:— (a) Unsuitable diet and toxæmias of food, eating excess of pungent and heating foods, taking of unbalanced food, fasts, heavy and constipating foods, and not satisfying the longings or pregnancy, (b) emotional disturbances of the mother, berevement, loss of fortune, anger, grief, ambition, jealousy, fear, (c) neglecting natural calls (Navanga) of urination etc., suppressing the passage of Apaana, Vaya, (d) emetics, purgatives, venesection and enemas upto 8th month, (e) Hard work, carrying heavy burdens, wearing heavy clothes, sitting on hard places, travelling, (f) external blow or injury, pressure on the womb, (g) excessive sexual intercourse, (h) sleeping at odd hours, (i) any serious disease of the mother, (j) an offspring of a girl of less than 16 years by a man less than 20 years of age, of an extremely old man or old woman; of one suffering from a chronic disease of the genital organs as (syphillis etc.) of one afflicted with any serious disease usually dies in the womb; if it is born alive, it dies a premature death or else become weak.⁸⁴

Hence the pregnant woman, who desires the welfare of the child should take particular care to avoid such food and sports (uphaar and vihaar) as are baneful. She should take such foods that are beneficial, observing all sorts of healthy, pious and auspicious practices.⁸⁵ "A good and proper diet is considered worth hundred medicines". Charakacharya concludes thus:—

"The foetus, thus furnished with juices agreeable to it, and nourished by proper nourishment, freed from diseases stated above, begins to grow. When mature, it becomes equipped with all the organs of senses, and its whole body fully developed and formed; endued with the wealth of strength, of complexion, of vigour in respect of some particular element and of compactness, it easily issues out of the uterus, having all the manifestation of the following conditions, viz., born of the mother, the father, the self, the juice, the Saatmya, while that which called 'Satwa' brings about a union of all."⁸⁶

Clinical Problems Of Ayurvedic Practitioners

By KJ. RABINDRA CH. CHOWDHURY, B. A.,
Kavyatirtha L. A. M. S., Bhisagratna

PRINCIPAL, SANATAN DHARMA AYURVEDA MAHAVIDYALAYA,
MIRZAPUR.

With the dawn of freedom, the age for the Renaissance of Ayurveda has begun. As in other spheres, new hopes are surging in the minds of Ayurvedic practitioners that in the field of medicine too, our own Govt. will take steps to revive our national system of medicine and restore it to its pristine glory. How far those hopes will be realised, the future alone will decide. But the remarks of our Hon'ble Minister of Health in reply to the debate in the Indian Parliament do not echo similar expectations. However, the demand and agitation on the part of the Ayurvedic practitioners will no doubt force the authorities to pay proper attention in this direction.

We, Practitioners of the Ayurvedic system of medicine, on account of the age-long indifference to this system, suffer from certain handicaps which can partly be removed, if we are organised and take definite steps forward. These difficulties or problems demand immediate solution and brook no delay, if we are to establish the superiority of our system. Of course, some of the problems are such as cannot be solved by private and individual efforts, far less, by private organisations. Organised efforts on governmental level only can be expected to solve them. But we can meet the Government half way on our way to meet them.

It is a matter of common experience that vaidas do hardly rely on texts of Nidaana books in the diagnosis of diseases. In other words, diagnosis of diseases is done generally along with western lines. I have deliberately used the word "generally" in the sense that very often the diagnosis is made according to Western lines and in few cases on Ayurvedic lines. Of course, there are reasons for it. Nidaana describes the symptomatology of diseases more or less on the subjective basis, so that the subjective symptoms as described there,

at present, very rarely succeed in presenting a vivid picture of the disease to the mind's eye. We have to some extent, been unsuccessful in catching hold of the cardinal signs and symptoms of the disease. So also the differential points of similar diseases elude our grasp according to the Ayurvedic stand point. Thus it has become necessary either to re-write our Nidaana books in such a way as to make the descriptions of diseases vivid and clearly coincident with cases, or to write comparative Nidaana, just giving a comparative picture of diseases. There is no denying the fact that a beginner can better understand the signs and symptoms of a disease as given in a western text book of medicine than by reading our Nidaana book. The signs and symptoms given in the text-book must correspond to particular cases of diseases. On account of this drawback, our students have to remember the signs and symptoms of diseases either by committing to memory the Ayurvedic Sanskrit texts or going through the western text books. This is a very uncomfortable position and demands immediate improvement.

Let me cite some particular instances in support of my above observations. For example, take the case of Malaria. Malaria has got its various manifestations. We can explain them well by reference to the pathological changes produced in the system by the parasites of Malaria and it is not very difficult to understand and commit to memory the signs and symptoms as given out of the disease itself. But to understand it in terms of Ayurveda, we have to compare it with different kinds of Jwara. A typical case of Malaria may be both a Vata-Pitta Jwara and an Anyedyushka or Tritiyak Jwara. Typhoid fever may be Sannipaatik Jwara or may be simply Santata Jwara. Cholera may be Ateesaara or Chardi combined or simply Visuchika. On the other hand, mada, murcha, Sanyaas may be but the different stages of cerebral Embolism or Hoemorrhage. Pulmonary Tuberculosis may be nothing but Raaja Yakshma. But what relation different kinds of Shosha have got to one other, require to be proved and established.

Thus it is seen that diagnosis, according to Ayurvedic lines, becomes a most difficult affair, unless it is interpreted in terms of concrete signs and symptoms. The Tridosha theory almost comprehends all the diseases. So sifting out the general signs and

symptoms as caused by these doshas, it is necessary to make out what the diagnostic signs and symptoms of particular diseases are.

There are some diseases to which we can give the western names but we become dumb when the Ayurvedic names are asked for. Of course, when a similar situation confronts us, we give out in our support the dictum,

नहि सर्वविकाराणामनामतोस्ति वा स्थितिः

or all the diseases have no distinctive names. But names, after all, ought to be coined or given. For instance, in a particular case of Pycemia, I was asked to give out the Ayurvedic name of the disease. I had then to explain the disease only in Ayurvedic terms.

Naadi or the pulse offers a most important vehicle for diagnosis of diseases. We hear of old Ayurvedic physicians of the old school who used to diagnose diseases simply by examining the pulse. Still it is not very difficult for an Ayurvedic practitioner to diagnose certain cases simply by the pulse. To tell which Dosha predominates in the system, is an easy affair for him. But to diagnose all diseases through the pulse, to distinguish the preponderance of the Doshas to discern which Dushyas have been affected by the Dosh's and to detect the different Gatis of the pulse, namely Kukkuta gati, Sarpa gati and others is a very intricate problem which often baffles the ordinary practitioner. A special batch of research-scholars should be appointed, who will investigate relevant portions in the different books, scour the country in quest of knowledgeable voids and thus incorporate their knowledge in a book written in a practical and intelligible form. There are, at large, even now a few voids whose knowledge of the pulse is commendable and needs emulation and recording.

Now with regard to medicines. It is a matter of common experience that many medicines of common use do not bear the expected results and consequently either we waste much time in course of the treatment and thus delay cure or require a bit of change in their preparation in order that they may prove effective. Some of them no doubt do some good or at least do no harm. But the aim of our medicines must be curative. It may be, some have got efficacy to a certain limit, beyond which they do no better. It is necessary to point out the degree of their utility so that no further time is wasted by continuing them. Unnecessary prolongation of ineffective

medicines delays cure and weakens the patient by prolongation of the disease. A correct and clear definition about the properties, actions of the medicines is urgently needed. For this purpose a central body of best Ayurvedic physicians should be formed who will invite opinions and then lay down efficacies of medicines.

In our text-books, we have got numerous recipes out of which we use only a few. Among these, some are no doubt efficacious, while others are not so. It has become a practice with us to continue their use because we have been taught so, though we may find that they do not produce as good results as expected. It is no use continuing their use if they are really not efficacious. On the other hand, there are many medicines which we do not use, nor do we even know their use except what we know from the texts. It is necessary to make a practical experiment of those medicines and write their particular uses, apart from what is written in the texts. From a perusal of the results as laid down in the texts, the medicines appear to work marvellous results. It is necessary to verify them by reference to concrete experimented cases. If they prove useless, it is wise to disabuse ourselves of their fictitious properties, and write out accordingly. Some medicines may prove useful in some cases only. In their cases, their particular uses should be laid down.

Preparation of medicines too needs particular scansion. The ingredients of our medicines require to be examined and modifications or substitution should be resorted to, after proper inquiry. In all Rasa medicines, we generally use mercury after purifying it with garlic, betel leaves or ghrīta kumari etc. Is it the proper method of purification or is this sufficient for purification of mercury? Or is it necessary to undergo the eighteen methods of Samsakaar or purification before it is made use of? If all the different eighteen Samsakaaras are not necessary, how many of them are necessary? For one particular samsakaar, different processes may be resorted to. Which processes are the best? These are questions, to answer which, it is necessary to carry on research. There are rare vaids among us who have carried out research in this direction. Let us find them out and know the proper or rather best methods.

We use the different metals after purifying them according to our choice. For example, Hingul (cinnabar) is purified with

ginger or lemon-juice or something else. Which purification surpasses others ?

Regarding Maaran (Bhasmikaran) or incineration of metals, there are different processes. For example, let us take the Louha-maaran. In the texts, iron after being pestled with cow's urine, may be given putam. But I have learnt from an expert vaid that cow's urine reduces the efficacy of iron. Should this process be discarded ? This question arises almost in case of every metal. The best processes should be given out. If particular processes give particular use, that also should be laid down.

In treatment, though we may know that such and such medicines are effective, we dare not use them, on account of the paucity of ingredients. The ideal Bhasmas of metals are almost a rarity. To treat a particular case, one may be in need of different Bhasmas. But these Bhasmas, as they are obtained in the market, cannot be relied on. For example, Taamra (copper) Bhasma as obtainable in the market, very often is found not to be free from this Vaman dosha. How can we expect the copper to work unless it is a genuine Bhasma ? Take the case of Bansalochan (Bamboomana). What we get, in this name, is nothing but a chemical product. But to be genuine, Bansalochan must be obtained from the stems of bamboos.

Numerous instances may be multiplied in this connection. It is necessary to think well before we use Hingul. The Hingul (Cinnabar) that we make use of, in these days, is not a natural one but prepared in combination of mercury and sulphur. Which is better, the natural and mineral Hingul or the artificial Hingul ? There is frequent mention in our Rasahastras of Hartaala. Which Hartaala (orpiment) should be used when simply Hartaala is mentioned. Is it godanti Hartaala or Bansapatri Hartaala ? Then again, should Sodhita Hartaala only be used or Maaritaa—Hartaala be used ? Again Maarita Hartaala differs widely in action according to the way it is oxidised.

For example, Godanti Hartaala when it is maarita or incinerated with ghrita kumaari differs much from Godanti incinerated with juice of Nimba leaves. Praval (coral) oxidised with Brahmi juice is quite different from that, with ghrita Kumari. Properties of the same

substances prepared differently should be defined differently and distinctly.

Soota Bhasma is frequently interpreted as Rasasindur and used as such. But Rasasindur is not the ashes of mercury. Rasasindur is separately mentioned as such when Rasasindur is intended to be used. So Soota Bhasma probably means Maarita Rasa or incinerated mercury.

Then about the vegetable drugs. Different drugs are used in different parts of India under the same name. It is very difficult to say which drug is the correct one and ought to be used. For example Amlabetas. In Bengal, a sour fruit is used in its name, where as in U. P., a cany substance, sour in taste is used. Probably the latter is the correct drug, as the word Vetas occurs in it. Brahmi in Bengal denotes a creepery drug grown abundantly on marshy places and is considered to be a good tonic for the brain. in some parts of U. P. Brahmi denotes a semilunar leafed shrub like plant and is exactly what in Bengal is called mandookparni. Prishniparni in India is a double leafed creepery plant is efficacious in diseases of Vata-Pitta where as in Ceylon Prishniparni or Palpola is a small plant with small leaves and almost a single stem and grows as long as two feet high. Bala in Bengal is a plant the leaves of which are wrinkled and thick and means for therapeutic uses the stem and leaves. In U. P. Bala or Sugandhabala is a root having rather an obnoxious smell. By Punarnava in Bengal, generally the white Punarnava leaves are used, whereas in U. P. the roots of Rakta Punarnava are used. Innumerable instances may be multiplied to show this anomaly.

Prescriptions too differ in different parts of the country, nay from district to district. The same disease, in a particular stage, even if diagnosed equally, will invite different prescriptions from different Ayurvedic practitioners. Of course, each physician may have his own specialities. But the same drug should not be interpreted as of different properties by different physicians. This difference in treatment presents enormous difficulties to learners who cannot make out which is the correct prescription. In upper India, both Rasa preparations and vegetable preparations are used, while in South India Siddha medicines or Rasa medicines predominate. In Ceylon again, vegetable drugs form the bulk of the medicines. In Upper India too, Rasa medicines do not mean compounds of Rasa preparations only. Some

use incinerated Louha or Abhra in upper India, while others use compounds of them as found in text-books. There is scarcely any uniformity in treatment or in the theory of it.

From what I have stated above, it is apparently clear that the solution of these problems or anomalies demands a well-organised effort in the form of a central organisation. Without such an organisation, it is not possible to ascertain the correct drugs, correct medicines and correct treatment. Again it is necessary to give expression to our individual experiences through the press. By debating on different results and experiences, we may arrive at some decisive conclusion regarding the correct thing. Let us no more grope in the dark and lead our students to some indecisive position on which we have often to take stand. I think, the need of the hour is more discussion about drugs and treatment than dilation on philosophic ideas underlying Ayurveda. I do not underestimate the philosophic background of Ayurveda. But what I mean to drive at, is that let us direct our energies more on the practical side of Ayurveda than on the theoretical side of it.

(Continued)

Presidential Address at The Indian Manufacturer's Conference, Baroda

BY DR. P. M. MEHTA M.D., M.S., F.C.P.S.

CHIEF MEDICAL OFFICER, JAMNAGAR

(Continued from last issue)

A glance at our medical books will convincingly show that ours was not a static science. There has always been progressive addition to the number of drugs and pharmaceutical apparatuses and processes. They were doing experiments for finding out the actions of drugs and poisons. Our Rishis knew of alkali preparations of so many varieties. They had a knowledge of salts of a great variety. Wines and spirits of many kinds were known to them. Knowledge of poison was their speciality and was greatly developed; colloid conceptions came within their purview. Synthesis and analysis were their favourite processes. Knowledge of dying, heavy oils and volatile oils, gems, tempering of steel, uses of glass—probably lenses, dynamization and attenuation, incineration and carbonisation, calcination and sublimation, fermentations and distillation, colorization and decoloriza-

tion, odorization, deodorization, impregnation, clarification and emulsification—all these came within their sphere and were known to them. The preparations of mercury and metals for internal administration were first used in India. Use of magnet in treatment is described by Sushruta, use of all metals for surgical instruments was an achievement of the age.

All this could not be the result of empirical concepts and conjectures, but was the result of sound scientific experimentation. Dosage was also fixed very definitely and meticulous accuracy was insisted upon taking into consideration the constitution and disease condition of individual patient.

But it is not enough, nor is it our purpose here to simply sing the praises of the achievements of the past. In this changing world we cannot afford to rest on our past laurels. We shall have to blow off the dust which was gathered on its splendour owing to neglect and lethargy during the past few centuries, and study the science, rescue it from oblivion and ultimate disappearance and re-adapt it to suit the circumstances and exigencies of our times. The separation of active principles of vegetable drugs, the success of synthetic productions of these, the discovery of alkaloids, development of homeopathic pharmacy, the introduction of anesthetic and antiseptic groups of drugs, the organo-therapy giving insulin, pituitrin, adrenalin and Liver-thyroid and testicular substances, the chromo-therapy of Ehalich, giving salvarsan and sulpho-groups of drugs, and last but not least the introduction of biologicals with its hormones, vitamins, serum, vaccine, blood and protein group of drugs, have greatly revolutionised the sphere of pharmaceutical science and broadened the task and field of pharmacists. The present stage of pharmacy is far advanced. Pharmacy the art of manufacturing and dispensing medicinal drugs, has progressed greatly. The official pharmacopia, schools and colleges for specialized training, research laboratories on a colossal scale, publication of progressive literature and formation of rules and regulations for professional ethics have nearly established the honourable place as a more or less independent specialized branch of science.

The advantages of lively adjustments are vital to all progress. Life cannot but be progressive.

Stagnation and purification are alien to life's eternal flow whose stream must water the lovely valley of sciences and art on its endless

courses towards the everwidening horizons of human welfare and achievement. India with her recently won freedom has an important contribution to make to the comity of world nations. With all the rich heritage of the past at our command and awakened spirit of New India, we should not lag behind in the march of progress. The knowledge that lies scattered should be gathered, and standardized. It is pregnant with immense potentialities. We do not want to join the world's integration as a liability but as an asset. It augurs well for our medical science that recently Indian Pharmacist's Association has been founded with a view to prepare Indian Pharmacopia. But it would not be enough merely, to prepare a lexicon or a formulary. In order to achieve a standardization that will match the progress of the west, in this time, we shall have to make researches in the following branches:—

1. Nomenclature and description of drugs.
2. Identification.
3. Purity.
4. Weights and measurements.
5. Manufacturing process.
6. Standardization.
7. Preparation.
8. Doses.
9. Prescription writing.
10. Assaying - Chemical and Botanical.
11. Tests.
12. Substitutes or alternatives.

In order to achieve this, we must have our eye on the History of Pharmacy, Pharmacopia and Pharmaceutics of the West, which is in the most advanced state at present. Looking to the West, we find that early physicians practised pharmacy themselves. Often this was their main interest. But the work gradually became more laborious and an assistant class of apothecaries emerged. In 300 B. C. three separate branches of medicine, surgery and pharmacy sprang up. With the increase of exotic drugs a third class—the druggist class—came into existence. All these three classes were uncontrolled by law up to 1511. In 1511 the first Medical Act came into being.

During this time two guilds came into existence—one guild of pepperers and the other guild of spicers—commonly known as mercers.

In 1617 society of Apothecaries was established. From mere grocers it later on became dispensing and then manufacturing concern. In the seventeenth century this class became powerful so much so that a sharp rivalry existed between apothecaries and physicians with apothecaries having the upper hand. But the physician counteracted with free service, cheap dispensing and control of the price of drugs and the apothecaries lost the battle. The victorious physicians began to train dispensary assistants who became the chemists, dispensing chemists and pharmaceutical chemists. This class in England is the fore-runner of our present day pharmacists. In other countries pharmacists have descended from apothecaries. These chemists and druggists helped by the physicians, at last established permanent organization and the result was the establishment of the pharmaceutical society of Great Britain in 1841. In 1843, Royal Charter of Incorporation was granted and in 1852 the Pharmacy Act came into being. In 1854 the Society was invited to help to compile Pharmacopoeia. Thus in 1864 we get the first authorized British Pharmacopoeia.

History of Pharmacopoeia begins with the invention of the printing press. Before the printing press these pharmacopoeia were known as herbals, formularies, compendium, dispensatorium and antidotarium. The earliest pharmacopoeia or codex got their names from the cities in which they were prepared.

1. In 1448 we get a pharmacopoeia of the college of Florence.
2. In 1529 Nuremberg City Pharmacopoeia. It legalised by the Senate.
3. In the sixteenth century we get many such publications named after the cities such as Augsberg, Antwerp, Lyons, Besle, Valencia, Cologne, Paris, Amsterdam.
4. In 1618, we get the London Pharmacopoeia legalised by Royal Proclamation and there were 13 edition upto 1841.
5. In 1699 we get Edinburg Pharmacopoeia and there were 14 editions upto 1841.
6. In 1809 we get Dublin Pharmacopoeia and it is in 1864 that we get the authorized British Pharmacopoeia whose subsequent history is as under.

Since then the following editions and addenda of British Pharmacopia have appeared.

1. 1864.
2. 1867 with an addenda in 1874.
3. 1885 with an addenda in 1890.
4. 1898 with Indian and colonial addenda in 1900 and in 1901 we get the Indian edition.
5. 1614.
6. 1932. The Pharmacopia commission decided to bring out new editions every ten years.
7. Addenda published in 1936, 40,41, January, 41 October, 42,43,45, 1948. They could not publish 1942 edition due to war. There have been attempts at preparing International Pharmacopia and two conferences have already met, one in 1902 and the other in 1925 both at Brussels.

India sadly lacks in such a standard compilation and it would be our first to compile a pharmacopia utilising all the materials available in India and at the same time to be of the standard of the Pharmacopia of other countries and help to evolve one universal pharmacopia. For this we shall have to follow systematic planning and cooperative organization.

* The title of the article starting from page 13 of the October issue of Journal is published as "Medical Anthrology" through mistake. Kindly make necessary correction. Mg. Ed.

NOTES AND NEWS

HEALTH MINISTERS ADDRESS TO MEDICAL COUNCIL—

New Delhi— Raj Kumari Amrit Kaur, Health Minister, Govt of India stressed the need for welcoming and encouraging all private endeavours in the field of medical work.

Pleading for organized co-operative effort by modern medical scientists and exponents of indigenous systems, the Minister said: "Ayurved and Unani have a contribution to make the medical knowledge, particularly in the field of drugs. There surely must be a rich mine of herbs in our country. Proper research in them should be a means of opening out a source of wealth not only to India but to the entire world."

1ST SESSION OF C.P. & BERAR MEDICAL CONFERENCE

Jubbulpore—In the 1st session of the conference held on oct 25-26-27 under the presidentship of Dr. B. R. Chandorker a resolution was passed urging the government to institute immediately in the Nagpur Medical College a chair of History of medicine, including Indian medicines with facilities of research in Ayurvedic and other indigenous medicines and with provision of beds for the purpose in the attached hospital and to set up immediately an institution or department for the scientific investigation into the properties and uses of drugs and herbs available in the province and a list of such tested drugs and herbs be published from time to time for the benefit of the medical profession and to establish as early as possible a T.B. sanatorium in the province.

REORGANIZATION OF AYURVEDIC COLLEGES

Lucknow. Oct. 31.—The U.P. Government has appointed an expert committee to work out details for the reorganization of the Ayurvedic and Unani colleges in the province in accordance with the recommendations of the A. & Unani System Reorganization Committee.

The personnel of the expert committee is: Principal, B.H. Univ., Mr Rajeshwar Dutt Shastri, Professor, Ayurvedic College, Banaras

Hindu University and Hakim Abul Latif, Principal, Tibbia College, Aligarh Muslim University. Mr A. P. Jain will act as Secretary.

The committee will visit all the teaching institutions of Indian Medicines in the province and will scrutinize their requirements minutely and work out details for bringing them to the desired standard. It will also report which of the institutions should be disaffiliated or should lose their recognition.

U.P. TO START HEALTH INSURANCE HOSPITALS

Lucknow, Oct. 30.—Mr Chandra Bhan Gupta, Minister for Public Health, U.P., inaugurating the provincial branch of the Indian Medical Association at Faizabad today called upon doctors to create a scientific background in matters which were of vital importance to the country's health programme.

Mr Gupta said that the scope of doctors' work was increasing every day as the social organization and social needs were undergoing rapid changes. Their functions did not merely confine to the medical and preventive measures in respect of the sick and the convalescent but covered a wide field in an increasing manner over the healthy members of the community also in order to promote their general well-being.

He announced that the Government would shortly start health insurance dispensaries in industrial areas, and invited co-operation of medical men.

He emphasized the need of close collaboration between private practitioners and hospital services. He said advisory committees with representatives of the Medical Association would be set up at district headquarters hospitals and hospitals in other important towns.

The Minister referred to the conflict between supporters of Allopathic and those of Indian system of medicine and said that the Government aimed at a synthesis of the best that was available in the various systems.

BRAIN OPERATION TO REFORM CRIMINALS

New York, Oct. 29.—Twentyfive-year-old Charles Hinkley a New Yorker, on Thursday underwent a special brain operation in the hope that it will turn him from a criminal into an honest citizen.

Hinkley has been in prison at Miami, Florida, since May. He has a record for passing bogus cheques and selling hired cars.

Declaring that he could not help himself he appealed to surgeons to save him from the life of crime. Doctors drilled two holes in each side of his skull and separated portions of the frontal lobe from the rest of his brain.

The theory is that the frontal lobe controls certain emotions usually responsible for criminal acts. Its separation from the brain will theoretically block these emotional tendencies.

"I face long years in prison and I am wanted in several States so I am willing to be a guinea pig," said Hinkley before the operation. "I am better off dead than going on living this way."

SCIENCE STEPS UP HEART RESEARCH

As the virulence of cancer, influenza, tuberculosis and other mass killers is reduced—wherever sanitation and public health measures have been brought to their highest perfection—heart disease emerges as a more and more imperative problem.

The universal urge to live longer, and in active good health is probably frustrated more by this than by any other ailment. It is good news, therefore, for the mass of humanity that scientific efforts are being increasingly concentrated on the problem of heart trouble.

It has been announced that six times as much federal money has been allocated to heart research in the United States in the current fiscal year as was made available the year before. Nearly \$10,000,000 has been allotted to 85 leading medical schools in 34 States.

Research will include studies on the effects of diet, various environmental factors, new operative techniques, use of "mechanical heart" during operations, effectiveness of cortisone and other drugs, the effect on the heart of the secretions of the kidneys and liver, the influence of other diseases on heart ailments, etc.

EARLY IMPLEMENTATION OF CHOPRA REPORT

Whole-hearted support to the recommendations of the Chopra Committee was recorded and a demand for their early implementation made by the executive committee of the All-India National Medical Association which met in New Delhi recently.

The committee appealed to the Government to provide for registration and other facilities to graduates in Indian medicine in

Centrally administered areas as had been done in some provinces. The committee also urged the Chief Commissioner of Delhi to establish a statutory board of Indian medicine in the province at an early date, and expressed its gratification at the mediation of the Local Administration in the Ayurvedic and Unani Tibbia College dispute.

The committee urged the Madras Government to resume the method of election of the president of the Central Board of Indian Medicine there and not resort to nomination as was done this year and also to continue the teaching of Ayurvedic subjects in the province in Indian languages and not in English as was proposed to be done.

The committee further demanded that the Ayurvedic and Unani Act passed by the East Punjab Assembly be brought into force soon, and the proposed amendment to it preventing graduates in Indian medicine from styling themselves as "doctors, physicians and surgeons" be dropped.

The committee decided to hold the annual plenary session of the Association in Delhi in the first week of December.

WHERE MEDICAL BOOKS SOLD AS WASTE-PAPER

Lahore, Nov. 2.—"It is an irony of fate that most of the houses and hospitals left by non-Muslim homoeopathic doctors were allotted to barbers and butchers and their counter parts from India were denied its benefits. As a consequence of this misallotment, medicines and books worth more than a lakh of rupees were destroyed and sold as waste-paper in the town of Lahore alone." This was disclosed at a Press conference by a number of prominent homoeopaths of Lahore.

PENICILLIN FOR TREATMENT OF SCARLET FEVER

Prague, Oct. 31.—Prague doctors announced that they have used penicillin successfully in the treatment of scarlet fever.

They said the treatment cuts the period of infection from six weeks to one week and the infantile mortality rate from between 17 and 28 per cent to one per cent.

SUGGESTION FOR ALL-INDIA HEALTH SERVICE

Vijayawada, Oct. 19—Dr. A. Lakshmipathi, organizing secretary of the All-India Ayurvedic Congress, suggested the formation of an All-India Health Service Association in a broadcast talk here on Monday night.

He pleaded for raising village health volunteer corps. Such village corps, Dr. Lakshmipathi said, could attend to all matters of public health.

INDIAN MEDICINE RESEARCH INSTITUTE

Bangalore, Oct. 16.—The institute for the Central Research of Indian Medicine is likely to be located in Bangalore.

The Mysore Government has, it is learnt, offered land, water, electricity and other facilities for the starting of the Institute. The Government of India are stated to be considering the offer.

A decision on the recommendations of the Chopra Committee which are now being examined by the Government of India is also expected shortly. The committee has favoured the location of the Institute in the State.

EXPORT OF AYURVEDIC MEDICINES

In pursuance of the policy to liberalize exports, the Government of India have decided to allow export of Ayurvedic and Unani medicines freely to all permissible destinations without any licensing restrictions, says a press note.

BELIEVE IT OR NOT

Tenkasi, (Madras), Oct. 27.—An 11-year-old girl from Krishnapuram in Tenkasi taluq, who lost her power of speech three years ago, miraculously regained it after she sat for some time on the Parasakthi Amman Temple at Courtallum.

The father of the girl, Mr. K. S. D. Moorthi Iyer, said that his daughter lost her power of speech three years ago and nobody was able to find out the cause or the cure for it. He took her to the temple on Wednesday last on the suggestion of some of his relatives, and made her sit on the *peeth*. Hardly had she been there for 15 minutes when she pronounced her name in a loud voice and began singing in praise of the Goddess.

The girl told her father that while on the *peeth* she saw the vision of a damsel bedecked with dazzling jewels, who commanded her to utter her name and sing.

TELEVISION MAY BRING SIGHT TO THE BLIND

Evanston. (Illion's), Oct. 25.—Television might soon bring sight to the blind, a North-western University scientist said on Monday.

Dr. Wendell Krieg, who has spent the past five years doing brain research at North-western, revealed a revolutionary plan for replacing the eyes of the blind with a television "scanner" connected

directly to the brain. Krieg said the basic theory for the plan had been well established. All that remains is a "plot" of how to make that theory work, he said.

The same system—replacing the body's organs with mechanical devices—might enable the deaf to hear and some paralytics to move the scientist added. He described his proposal in a campus address and elaborated on it in an interview.

PERSPIRATION IN COLOUR

Tokyo, Oct. 24.—Japanese doctors at the Nagoya University Hospital are puzzled by the baffling case of a woman who perspires "violet."

The 27-year-old Japanese woman exudes purple perspiration whenever she becomes tired. Doctors who examined the patient said that the perspiration also "smelled like violet."

MAHATMA GANDHI DHANWANTRI NAGAR—

Hon'ble Shri Mohanlal Saxena, minister of Rehabilitation, Govt. of India, Hon'ble Shri Gulzari Lal Nanda, Labour and Health Minister Govt. of Bombay and Kaka Sahab Kalelkar visited the Rasashala Ayurvedic Ashram on 20.9.49. and 7.10.49 and in May respectively and saw with delight the old manuscripts of Shri Sasaswati Grantha Bhandar, numbering about 17000, valued of Rs. 1,70 000 compiled on Palm leaves, Bhurja leaves.

Rajvaidya J. K. Shashtri, the founder discussed with them the plan of establishing Mahatma Gandhi Dhanwantari Nagar at Rajkot for the development of Ayurveda, from the Gandhi National Memorial Fund, which has been submitted to its President Dr. Babu Shri Rajendra Prashad.

(The Principal parts of Mahatma Gandhi Dhanwatri Nagar will be to establish).

1. Ayurveda. Arya upachaar Shashtra and Siddha Vanaspati Shashtra.
2. Arya Rasayan Shastra and Deha Siddhi.
3. Uttar Prayogshala (Laboratory) for Dhaatuvidya (Alchemy). Ratna Shastra and Louha Siddhi.
4. Poorva Prayogshala for correction and practical Research of Sanskrit manuscript on all subjects.

Honours conferred upon the members of the Editorial Board and contributor of the Journal of Ayurveda.

1. a. Dr. C. Dwarkanath L.I.M. (Mad) Z.T. (Hamburg univ) has been appointed as principal, Govt. Ayurvedic and Unani College, Mysore.
 b. Admitted in the sovereign military order as a (Knight) of order souverain et militaire Du Temple De Jerusalem Suprema Reggenza D' Italia with a full appreciation of his Scientific Research Studies.
2. Prof. D. A. Kulkarni, M. Sc. Ayurvedacharya has been appointed as Dy. Director of Public Health & Ayurveda, Govt. of United Provinces.
3. Kaviraj A. Majumdar M. R. A. S. (London) F.A.I.M. (Mad.) Bhishagacharya has been admitted in the Sovereign military order as a 'Knight' of order Souverain et militaire Du Temple De Jerusalem Suprema Reggenza D' Italia with a full appreciation of his Scientific Research Studies.
4. Dr. T. L. Kanta Rao L. I. M. has been admitted in the Sovereign military order as a 'Knight' of order Souverain et militaire Du Temple De Jerusalem Suprema Reggenza D' Italia with a full appreciation of his Scientific Research Studies.

Review of Books

1. Ayurvedic Treatment of Kerala. By. Vayaskara N. S. Mooss. Published by Vaidya Sarathy, Kottayam. Pp. 90, Price Rs. 3/-

The author describes in this book full and practical method of certain rejuvenation and curative treatment is in vogue in Kerala. These treatments are described in Ayurvedic standard works in brief but the practical details are not found therein and the author has tried to give these details from his personal experiences and observations. He claims that if these methods are rigidly practised they have the capacity to rejuvenate the body, prevent premature aging, maintain eternal youth and can defy death even.

The book deals with (1) Pinda Sweda i. e. to bring perspiration over the whole body or any specific part of the bodies. (2) Anna

Lepan i. e. plastering the body with certain types of puddings prepared from wheat or rice-flour and certain other medicines. This treatment is for the toning up of the nervous system. (3) Shirovasti (4) Kayaseka (5) Dhaara. The book has also certain instructions on diet and regime.

The book deals with a very useful branch of the Ayurveda and the author has really done a service by writing this book.

-
2. Sachitra Ayurvedic Injection chikitsa (Hindi). By Pt. Triveni Prashad Tewari B. A., L.L. B., Sahityalantar. Published by Modern Advertisers, Chhindwara, C. P. Price Rs. 3/-. Pp. 106.

Injection are meant to bring about quick result in treatment of-diseases. Medicine taken orally takes a long time to mix into the blood circulation and to create reaction on the system. With this view Arvinda Chemical Works has prepared certain injections from herbs and other Ayurvedic drugs. It is claimed by the author that the injection prepared, work with desired speed and effect—good many herbal medicines have been explained in this book with their therapeutic actions. Although injecting medicines directly in the body is not a new thing for Ayurveda (see editorial of August 1949) yet the use of all these drugs like Indrayav, Ajwayan, Kutaj etc, is a novel thing for both Allopathic and Ayurvedic system of Medicine. In spite of the fact frequent use of injections in cases where it can be easily avoided is not desirable in our opinion yet for the sake of experiment the attempt made by Arvind Chemical Works and the author are commendable.

3. Physicians Hand-book. By John Warkentin Ph. D., M. D., and Jack D. Lange, M. S., M. D. University Medical Publisher P. O. B 761, Palo alto california. Pp. 293, Fifth edition.

The amount of data that this book supplied is tremendous in quantity and quality, nearly all the things concerning the body the pathological tests, the physiological processes and other datas regarding the human system has made this book very valuable, reference for physician just as Engineers have their a hand book of formulae and accountants-readyreconer. So this book serves the same purpose for physicians. Infact anybody who comes across this booklet will find it indispensable.

For

DEEPAVALI



&

Kanchan Snow

Dhootapapeshwar
Industries Ltd.,



Panval

Bombay

USE

Misra Ayurvedic Injection, and
rejoin your lost health in the
least time and money

Ask For Free Particulars.

MANAGER,

G. A. Misra Ayurvedic Pharmacy.
(Regd.) Jhansi No. 23 U.P.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/-. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request:

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay 1.

Arvind Ayurvedic Injections
are
SUPREME

Renowned for the purity and potency
all over India and abroad.

Available at all good medical stores
or direct from the manufacturers.

Catalogue supplied free.

Arivand Chemical Works,

Manufacturing Chemists,
Chindwara (C. P.), India.

TRADITIONAL REMEDIES OF INDIA
announce

DIABALIEN

For Diabetes, Glyco-suria and allied
ailments.

Approved by the Medical Profession

All particulars are supplied to Medi-
cal Practitioners without obligation.

Sole Distributors: **BUYER'S BUREAU**
228, Vithalbhai Patel Rd., Bombay 4

For Effective Treatment Of All Ailments

Use Ayurvedic tinctures and other medicines manufactured by

The Ayurvedic Compound Tinctures Limited

ALLEPPEY (S. India)

Technical Consultant & Adviser :

Vaidyasastranipura, Gaveshakathilaka,

Dr. L.A. Ravi Varma, M.B. & C.M. (Madras), D.O.M.S (Lond.)

Retd. Director of Ayurveda, Govt. of Travancore.

Enquiries for catalogue and other particulars solicited

SAVE YOUR CHILD

From

INFANTILE PARALYSIS (Poliomyelitis)
KSHEERABALA (101 Times Medicated)

&

AYAVEERAM

THE UNFAILING MALABAR SPECIFIC FOR
PARALYSIS OF ANY KIND

Apply with full particulars to :—

MALABAR AYURVEDIC STORES

(ESTD 1924)

107 Broadway, MADRAS,—1.

CATALOGUE FREE.

PHONE 4116.

AYURVED PATRIKA

(Published on 1st and 16th of every Month)

High class Newspaper giving detailed information about Ayurvedic activities in the province of Bombay. Very much appreciated by Marathi Knowing Ayurvedic practitioners.

Annual Subscription (24 issues)

Rs. 4/-/-

Single Copy

As. -/4/-

Number of Pages 32

Size :—Royal Magazine

For particulars address to :—

AYURVEDA SEVA SANGH

NASIK CITY

“THE SUDHAKAR”

An Ayurvedic journal published every 3rd month from the Rishikul Ayurvedic College, Hardwar, a prominent and popular Ayurvedic institution of the United Provinces (established in 1919.) The journal contains selected articles on Medicine in general and Ayurveda in particular, in Sanskrit, Hindi and English. All Ayurvedists and other medical scientists are requested to send their contributions on scientific aspects of Ayurveda.

Annual Subscription

Rs. 4/8/-

Single Copy

Rs. 1/8/-

For further particulars write to :

The Chief Editor, “SUDHAKAR”

RISHIKUL AYURVEDIC COLLEGE,

HARDWAR.



GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
Your Blood

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—SAFI. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

Hamdard

HAMDARD DAWAKHANA LABORATORIES, DELHI

H D D -1

Majumdar's "BALMITRA"

Best remedy for babies

Balmitra is a sure cure and precious prevention for all serious complication of the stomach in children, during teething period, e.g., gripe, flatulence, acidity, indigestion, diarrhoea, dysentery and convulsion, rickets, colds and cough etc. In one word it is boon to children. It creates a happy bond between the mother and the children.

Balmitra contains chiefly Plucedanum graveolens (Soya) calcium, basaka leaves, ptychotis ajowan, sisysmdrium (Khukalan), cuminum sanctum (tulsi), glycyrrhiza glabra, oil anise and anethe etc.

Direction :—For 2 years—1 teaspoonful with tepid milk after meals or thrice daily.

For 1 year child—1/2 teaspoonful.

Packing :— Per phial of 4 oz. Rs. 1-4-0.

MAJUMDARS LABORATORIES,

90/8, Connaught Circus, NEW DELHI.

ALL INDIA AYURVEDIC DIRECTORY

FIFTH (1949) EDITION.

This is a pictorial reference book of great educative and scientific value. It contains detailed treatises on the Science of Ayurveda, Ayurveda in Kerala and notes on the special treatments of Malabar. Detailed notes on the Ayurvedic Activities in the Native States and Indian Provinces, Histories of Ayurvedic Institutions and Pharmacies are also included besides Biographies and Photos of eminent Ayurvedic practitioners. A valuable book for every devotee of Ayurveda.

Price per copy Rs. 7/8 (Postage extra)

Copies can be had from the publishers :

Vaidya Sarathy, Kottayam.

(South India)

To our contributors.

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors of original articles are entitled to receive 24 reprints *gratis*; additional reprints can be obtained on payment. No reprints will be supplied unless contributors ask for them at the time of submitting their manuscripts.

2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the *journal*, before the reprints are ready. If reprints are not received within two months of publication of the *journal*, contributors should write to the Publishers.

3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.

4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept, or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.

5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.

6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.

7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor. *The Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.

8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.

9. Communications for publishers relating to subscription and advertisements should be addressed to "Publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.

10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editor's opinion, are objectionable.

11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7/8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. 1/8/- each. Outstation cheques must include exchange charges.

Telephones : 7266 & 5573. Telegrams : "Haimanika" New Delhi.

Regd. No. D. 3.



THE GRIPE CURE FOR BABIES

GRIPARIN

An excellent Carminative, Anti spasmodic and Sedative Preparation
For treating the Gastro-intestinal
Disorders of Infants & Children.

- INDIGESTION
- GRIPING
- FLATULENCE
- DENTITION
- WEANING

**BOTTLES
OF**



**4 OZS.
& 1 LB.**

GRIPARIN

Each Fl. Dr. Contains

Soda Bicarb	0. 75	Gr.
Sodium Bromide	0. 375	Gr.
Aqua Anethi Con.	1. 0	M
Oil Caraway	0. 1	"
Tr. Carminative	1. 0	"
Palatable Base		

to make . One Drachm.



ALEMBIC CHEMICAL WORKS CO., LTD., BARODA

AL 788

THE JOURNAL OF

Ayurveda

A HIGH CLASS SCIENTIFIC JOURNAL OF AYURVEDA

Vol. 1 No. 12

New Delhi

December 194

CONTENTS

Editorial 1

Articles :—

The Ayurvedic Interpretation of Medicine
—Shri Dharam Dutta ... 9

A Comparative Study of Tuberculosis
—Shri Nalinaksha Sen Gupta 15

Kalaya-Khanja-Vatha : Lathysim
—Shri P. T. Jagannadha Rao 19

Indegenous Drugs useful in Diseases of Children
—Dr. T. Rajeshwari ... 24

Ayurveda and World Peace
—Dr. A. Laxmipathy ... 26

Notes & News 28

Book Review 35

Letters to the Editor 36

THE JOURNAL OF AYURVEDA

EDITORIAL BOARD

Editor-in chief

DR. C. DWARKANATH, L.I.M. (Mad.), Z.T. (Hamburg 'varsity)
*Research Officer, Shree Jayachamarajendra Institute of
Indian Medicine, Bangalore.*

Managing-Editor

KAVIRAJ A. MAJUMDAR,
M.R.A.S. (London), F.A.I.M. Bhishagacharya-Dhanwantri,
*Formerly lecturer Ayurvedic and Unani, Tibbi College,
Delhi. Secretary, M.M.L. Ayurvedic Research Institute,
Delhi.*

Supervising Editor

KAVIRAJ GURU DATT, M.Sc., Vaidya Bhaskar,
*Joint Secretary, All India Ayurvedic Congress, New
Delhi.*

Editors :

1. DR. M.N. AGASHE, M.B.B.S.
*Sanchalak, Bhadkamkar Ayurveda Samshodhan Mandir,
Satara.*
2. DR. N.R. APTE, M.B.B.S.
Bhadkamkar Ayurveda Samshodhan Mandir, Satara.
3. AYURVEDACHARYA M. MALLIKARJUN RAO., H.P.I.M.
*Prof. for Ayurveda, Govt. College of Indian Medicine,
Madras.*
4. DR. V. NARAYAN SWAMI, H.P.I.M.
*Lecturer in Ayurveda, Govt. College of Indian Medicine,
Madras.*
5. DR. C. B. HANUMANTHA RAU, B.Sc., L.I.M.
6. AYURVEDACHARYA DR. HARI HARA SWAMI, M.B.B.S., F.I.M.
7. KAVIRAJ VIJAYA Kali Bhattacharya,
M.A. Rasacharya, Smrititirtha Vedantashashtri,
*Formerly General-Secretary, All India Ayurvedic Congress
and Editor Ayurveda Jagat, Calcutta.*
8. KAVIRAJ RAJENDRA NATH BHATTACHARYA,
B.A. Sankhyatirtha, Darshantirtha, Ayurvedashashtri, Ayur-
vedacharya.
9. AYURVEDACHARYA RAM RAKSHA PATHAK, G.A.M.S.,
*Principal, Begusarai Ayurvedic College, Monghyr (Bihar)
Editor in Chief Journal of All India Ayurvedic Congress.*
10. PROF. D.A. KULKARNI, M.Sc., Ayurvedacharya,
Ayurvedic College, Benaras Hindu University, Benaras.

जीवेम शरदः शतम् (शुक्ल यजुर्वेद ३६।२४)

मृत्योर्मांऽमृतं गमय (बृहदारण्यकोपनिषद् १-३-२८)

THE JOURNAL OF AYURVEDA

Vol. 1

December, 1947

No. 12

EDITORIAL.

SHAPE OF THINGS TO COME.

If it is true that coming events cast their shadow, the Delhi correspondent's report on the intentions of the Central Government in respect of the recommendations of the Chopra Committee vis a vis Indian Medicine published in one of the leading Madras Dailies viz., "The Indian Express" in its issue dated 16th September 1949 assumes special significance and shows that the legacy of vested interests left behind in the Central Government by the British Masters and the clique in the Indian Medical Association (whose views on the problem is reflected in the reported intention of the Government) have no regard for actual facts relating to Indian Medicine as brought to light by the Chopra Committee or the grim realities facing the country in respect of medical relief to the masses. The special correspondent of Indian Express referred to above says.

"CHOPRA COMMITTEE REPORT.

Government considering steps for implimentation.

Early consideration of the policy to be followed regarding indigenous systems of medicine is being planned so that decisions may soon be taken on the recommendations made by the Chopra Committee in this regard.

The Committee's recommendations deal with problems like integration of the Western and Indian Systems of Medicine, development of medical institutions, organisation of rural medical relief and State control of medical practice and education and research.

The following suggestions seem to be under consideration at high level with a view to the formulation of policy on the subject.

First, promotion on a broad basis of facilities for research in Indian Medicine. A start may be made with the establishment of a centre for research and the appointment of a Committee representing Indian Medicine, modern medicine and biological sciences.

Secondly, appointment of another Committee to go into the question of the nature and content of training that may be provided in indigenous systems of medicine until a synthesis of modern and Indian medicine is brought about. *It is proposed that a full course of education in modern medicine should be the basis on which special training in Ayurveda, Unani and other systems may be grafted.*

Thirdly, all those who have been practising Indian medicine for a specified period should be registered and practice of these systems by unregistered persons should thereafter be prohibited.

Fourthly, 4,000 practitioners of Indian medicine who according to the Chopra Committee have had training in recognised institutions may be given necessary further training and their services utilised for expansion of the health services particularly in rural areas. *It is suggested modern medicine should form the basis for the development of national health services as a matter of policy.*

These points are coming up for consideration by Members of Parliament of Saturday."

If the report referred to above is true—it does not appear to have been officially contradicted or disowned—it becomes our painful duty to point out that the Central Government is yielding to the whims and fancies of the relics of the I. M. S. regime left behind and is pondering to the *ipse dixit* of the clique behind the Indian Medical Association. The proposals and suggestions

EDITORIAL

3

stated by the Indian Express to be under consideration of the Government of India makes one wonder if these are to be based or in view of the recommendations made by the Chopra Committee, even though according to the version of the Indian Express the "decisions" are "soon to be taken on the recommendations" of the said Committee. It seems to us that the proposals and suggestions referred to already, have little or nothing to do with the recommendations of that Committee and that they have been conveniently ignored. What however seems to be more accurate is that, instead of the Report of the Chopra Committee, the memoranda of the present Director General of Health Services and the Indian Medical Association—both of which have been published as part of Volume II of the Chopra Committee Report form the basis of the intended policy of the Government of India—the Report of the Chopra Committee itself serving as a convenient pretext.

This becomes obvious when the reported decisions are studied together with the two memoranda mentioned above. For instance, the suggestion that "another committee to go into the question of the nature and content of training that may be provided in indigenous systems of medicine until a synthesis of modern and Indian medicine is brought about," was certainly not recommended by the Chopra Committee. That Committee have already described the measure and content of training in indigenous medicine and recommended the appointment of a special Committee of Experts to work out the details. What is now sought to be done is to ignore the vital aspect of their recommendation and refer the subject afresh to a new Committee to be constituted for the purpose. Then comes the breadth taking suggestion that, "a full course of education in modern medicine should be the basis on which special training in Ayurveda, Unani and other systems may be *grafted*." Now read what the present Director General of Health Services had stated in his memorandum to the Committee. He says "Another approach towards the solution of the problem would be that based on the recognition of the fact that the fundamental purpose of medical and other types of education should be to develop the students mind on scientific lines and to engraft the knowledge and practice of the particular

branch of work for which he is equipped—medicine or other—on this foundation of scientific training. If this point of view is accepted and this appears eminently desirable, *a complete course in modern scientific medicine would seem to be desirable as a prerequisite to a man's undertaking training in the indigenous systems of medicine*, because the former will give him an adequate background of scientific knowledge in regard to disease, its treatment and prevention. *It is for consideration whether, in respect of schools and colleges of indigenous medicine maintained by Public funds, it would not be desirable to lay down the condition of those who are admitted for training should have had a full course of education in scientific medicine.* It is also for consideration whether, in the interests of conserving the limited funds available for medical education, it may not be advisable to provide that Ayurveda, Unani or other form of indigenous medicine may be taken up as an optional subject by the medical student either in the final year of his course or as a subject for postgraduate study."

The most plausible inference that can be drawn from the above is that, in this matter the weighty views of the Expert Committee *viz.*, the Chopra Committee consisting of experts of all the systems now in vogue in the country, specially constituted to recommend among other things on "the measures to be taken to improve facilities for training in Indian Systems of Medicine" did not count for anything whereas, the views of the erstwhile Secretary of the Bhore Committee constituted "to make a broad survey of the present position in regard to health condition and *health organisation* in British India and to make recommendations *for future development*," finished off with Indian Medicine (which is at present the bedrock of medical relief to the masses) could not assess the real value and utility of these systems with the time and opportunities at their disposal, in a single stroke and in a few sentences has become sacrosanct and therefore the law spoken by the oracle.

The shortsightedness involved in the suggestions under reference has been pointed out in the memorandum submitted by the President of the National Medicine Association of India to Hon'ble Rajkumari Amrit Kaur recently (published elsewhere)

which we extract hereunder. He says that this "means that the course of training will be virtually in Modern Western Medicine, with a few fragments of Indian Medicine thrown in—just such fragments as few un-understanding Allopathists, ignorant of Indian Medicine, will be pleased to permit—and that the future course of training in Indian Medicine will not be based on the most valuable and foundational principles, fundamental to Indian Medicine then the scheme is distinctly anti-Indian and found to do great violence and incalculable harm to the most precious features of Indian Medicine and to the national genius of India as it has manifested itself throughout cultural heritage in the Department of Medicine. We cannot believe that our own national and popular Government will countenance the implementation of such a disastrous step—one which even the most prejudiced members of our foreign Governments of pre-independent days did not dare to perpetuate. We do hope that what the Delhi Correspondent of the Indian Express has stated in this regard does not express correctly the proposals that the Government of India have in view. If, however, the statement is correct, then not only will it go directly against the unanimous recommendations of the Chopra Committee for making Indian Medicine up-to-date and for ensuring its future progress along right scientific lines but will also undo the good work in this direction, carried on against great odds by University Faculties as those instituted by the Benares Hindu University, Aligarh Muslim University, Andhra University etc., and by colleges and schools of Indian Medicine working under the control and direction of many Governments of Provinces and states, such as the Governments of Madras, Bombay, United Provinces, Mysore, Travancore and many others. The prospects of such an eventuality fills us with dismay and makes us feel that when we asked for bread we are verily given stones." This view is one which will be shared by all who have not forfeited their rights to think and interested in the preservation and progress of the sciences, arts and culture of this ancient and yet living and pulsing land

Another justification for rightly inferring that the suggestions now reported by the Indian Express to be under consideration of the Central Government, are not strictly based on the

recommendations of the Chopra Committee is that, while that Committee had recommended the utilisation of the services of the 25,000 of the more intelligent and literate from among the 2,50,000 Vaidas and Hakims estimated to be ministering to the medical needs of the vast population of this sub-continent after giving them necessary training in the essentials of preventive medicine, hygiene and sanitation lasting for about six months, for the immediate extension of medical relief, as an interim measure, on the analogy of the Russian and Chinese precedents, the present proposals relate to the utilisation of about 4,000 qualified practitioners and Indian Medicine for the expansion of the health services particularly in the rural areas. It appears that as in the case of the proposals relating to education in these systems, so also in the case of medical relief, the views of the ex-secretary of the Bhore Committee have prevailed. The ways of vested interests are queer and it reminds us of the attitude adopted by the dog in the manger. From a critical and dispassionate perusal of the Chopra Committee, one of whose terms of reference was to report on "the other measures to be taken to increase the usefulness of the systems to the public as part of a comprehensive plan" in view of the which they made far reaching proposals for the full utilisation of Vaidyas and Hakims for the rapid extension of medical relief to the masses in a total plan in which every known and tried agency already on the field is proposed to be fully canalised. Unless this is done, there doesn't seem to be any possibility for improving the health conditions of the people in an imaginable future. The Vaidyas and Hakims now rendering yeoman and humanitarian service to the people cannot be replaced with trained medical personnel of the Western brand in a conceivable future, due to the deplorable financial state of the country. They will continue to serve the masses as ever before. The Bhore Committee have recorded a significant fact in respect of the available number of medical personnel of the pure Allopathic branch totalling about 47,400 in number and their usefulness to the people. They say that "the inference, however, cannot be drawn from this figure (47,400) that taking the total population into account, one Doctor is available for about 6,400 of the population. We are faced with the obvious fact that large number of doctors congregate in the cities and large Towns while great tracts of the country side are left unserved

by any medical men qualified in the scientific system of medicine—we can say quite definitely that the proportion of doctors to the rural population is generally such as to result in an almost total denial of effective medical aid to the people.” That the cost of the measures suggested by that Committee for remedying the defect is beyond the means of the Government and the people of the country, has been agreed on all hands. In contrast the measures envisaged by the Chopra Committee in this regard are the best and the most-practicable ones. If the Government of India should finally decide to ignore the valuable findings and recommendations of the Chopra Committee, in this regard, being advised to do so by its advisers whose attitude to Indian Medicine has always been one of contempt, then, all talks of bettering the health condition of the country will end in moonshine and the claim of the national Government to do the best by the people become empty words. For conditions of India, the lines on which the Chopra Committee have envisaged plans for the extension of medical relief is the only solution. To ignore them will tantamount to the adoption of the proverbial dog in the manger policy.

As though to crown the issue, comes the suggestion that “modern medicine should form the basis for the development of national health services as a matter of policy.” This is to say the least most unnational, irrational and retrograde suggestion. If adopted, such a policy will remain a dead letter as long as the State is unable to place the education in the Allopathic system on a truly scientific basis as in the countries of west. That stage will not be reached till the country is able to foot the bills of the 1000 crore plan as envisaged by the Health Survey and Development Committee. As long as the mass depend on the Indigenous Systems of Medicine for their medical needs, and Allopathic medicine is not able to touch the fringe of the problem and rural medical relief Indian Medicine will remain the systems of the people. Mere wishful thinking by the Allopathic vested interests, entrenched in the Central Government and the enunciation of retrograde policies will only remain theoretical propositions of extremely limited value and applicability. If there is still some wisdom, foresight and regard for facts are left intact in the policy makers of the Central Government, the position can be reviewed

dispassionately and with an open mind avoiding sectarian and other extraneous considerations, before it is too late and the country committed to hurtful and wrong policies. We suggest that the reported decisions are brought before the people and their parliament for their final verdict.

REVITALISE THE MAHAMANDAL

After the Baroda annual session of the conference of the Nikhil Bharteeya Ayurveda Mahamandal last year the feeling was that this august body would work actively and give a lead in all topical matters relating to the future of Ayurveda. But this has proved to be a mere wishful thinking. The Mahamandal had another year of deep and unperturbed slumber particularly when the future of Ayurveda—whether it should be or not to be—was discussed by the people, press and the governments on different levels. Its studied inactivity, deliberate indifference and a kind of abject passiveness at a time when, as referred to in the editorial, the powers that be in the central government are fast making up their minds—if they have not already done so to declare that modern minds to medicine should form the basis for the development of national medical services as a matter of policy, and the Indian Medical Association with its avowed 'Down with Indian Medicine' policy is carrying on a vigorous campaign all over the country to do away with Ayurveda. It is extremely surprising if not painful how an All India body of nearly 50 years standing which, time and again fought for the preservation of Ayurveda in its pristine purity could stand by and swallow such suggestions made by the government of India as that are published by the Indian Express that 'a full course of education in modern medicine should be the basis on which special training in Ayurveda, Siddha, Unani and other systems may be grafted'. The inference that the Mahamandal and Vidyapeetha are either suffering from enfeebling senescence that has severely incapacitated it or that those who are at the top of this body do not bother as to what happens to Ayurveda and all that they are concerned with is merely to be flattered into office. We earnestly wish that both the inferences are wrong.

(Continued on page 44)

The Ayurvedic Interpretation of Medicine

(Continued from the November issue.)

DHARAM DUTTA, *Sidhaant-Alankaar, Ayurveda Bhushan,*
Kankhal (U.P.)

RHEUMATISM AS THE RESULT OF DISORDERED 'KAPH':

If there is inherited tendency in the joints and fibrous tissues like those of the sheaths of muscles, tendons, nerves to be affected, or they are rendered susceptible by such causes as exposure to wet cold, injury or strain, then general aggravation of Kaph is likely to give rise to catarrhal inflammation along with the accumulation of fluid in the synovial membrane. This rheumatic arthritis (Aamvaatic sandhi shoth), rheumatic fibrositis (Aamaavaatic maansshool), rheumatic tinosynovitis (Aamaavaatic Kandaraashoth) and rheumatic inflammation in ligaments articular cartilages etc., is set up all of which are accompanied by pain and great discomfort. These rheumatic troubles, in Ayurveda, are attributed to the derangement of 'Kaph'.

Some times in children, when there is general aggravation of Kaph in the body and the heart is more susceptible to get affected, the inner lining of the heart gets inflamed. This disease called rheumatic endocarditis (Shleshmic Hirdrog) is accompanied by such symptoms as palpitation, dyspnoea or shortness of breath, pallor and indistinctness of the first sound.

OBESITY DUE TO THE DERANGEMENT OF 'KAPH':

In those who are not only hereditarily predisposed to grow fat, but whose intake of food is in excess of its rate of consumption, deposition of fat in cells which normally contain fat occurs. In general this condition is called obesity (medovridhi) and in particular when it occurs in the heart is called fatty infiltration of the heart. Both of them in 'Ayurveda' are attributed to the aggravation of 'Kaph'.

OEDEMA (SHWYYATHU):

Accumulation of metabolites (Aama) in the general capillary system consequent to over-eating and under-exercise is apt to

increase transudation of lymph into the tissues and since such an accumulation is, obviously more likely to take place in the cutaneous and renal capillaries these two organs are more liable to suffer from the condition called oedema. Oedematous condition of the kidneys when followed by infection is called Glomerulonephritis or (Shleshmic Vrikkashoth) and is accompanied by such symptoms as malaise, nausea, vomiting and more or less suppression of urine. As a result of the failure of renal-function salt and other waste-products are withheld, which in turn, lead to retention of fluid in the tissues and thus bring about general oedema called in Ayurveda shleshmic dropsy or (shwayathu). On the other hand when degenerative changes occurring in the vascular walls or defects in vascular innervation bring about oedema it is called 'Vatic' dropsy.

PERITONEAL DISEASES DUE TO DERANGEMENT OF 'KAPH':

In those, who live well but do little exercise and consequently suffer from chronic gastro-enteritis, capillary-pressure in the peritoneum is likely to increase and if followed by infection it leads to chronic peritonitis which in Ayurveda is called 'Kaphodar'. As a result of increased capillary pressure in the peritoneum, if transudation or fluid into the peritoneal cavity increases, ascites or (jalodar) result.

It may be pointed out that when under-nutrition is the casual factor and fibrotic or degenerative changes are the main features that bring about both peritonitis and ascites, the condition is described as 'Vatodar' in Ayurveda.

DISEASES OF THE BRAIN DUE TO DISORDERED 'KAPH':

In him, whose brain is naturally weak or has grown weak from other causes, the general aggravation of Kaph is apt to be localised itself in the brain or in its coverings called meninges. This condition if followed by infection brings about Encephalitis (Nidra Rog) or meningitis (Shleshmic shirah-shool) or cerebro-spinal fever (Kanthakubj-Jwar) all of which are attended with such symptoms as lethargy, stupor, coma, headache, vomiting, muscular-rigidity, stiffness of neck, slight fever etc.

Brain diseases like insanity and epilepsy when associated with the pathological lesion of Kaph or Oedematous condition,

are accompanied by drowsiness, lethargy, slowness in movements etc., and are described as Shleshmic insanity and shleshmic epilepsy respectively.

CIRCULATORY DISEASES DUE TO DISORDER OF KAPH :

The metabolic substances resulting from over-eating and insufficient exercise, when introduced into circulation increase the blood volume and consequently raise the blood pressure, and as a reaction thereto heart and arteries get hypertrophied. Therefore, on examination, the pulse is found full (Gurvi) comparatively more sustained (Sthira) and of higher tension (Stabdha). In case aggravation of Kaph is accompanied with fever also, the pulse is quick but slow (Manda) for the temperature.

When aggravation of Kaph localises itself in the heart rheumatic and valvular diseases are liable to follow.

Owing to the accumulation of metabolites in the body retention of fluid in the vessels and tissues called hydræmia and œdema respectively follow, producing a kind of pallor in the skin which in Ayurveda is called shleshmic anæmia or (Paandu).

URINARY AFFECTIONS DUE TO THE DERANGEMENT OF KAPH :

The pathological changes brought about the urine as a result of large intake of food with diminished oxidation are described in Ayurveda as the diseases of Urine due to the disorder of Kaph. The presence in the Urine of such substances as urates, oxalates, phosphates, uric acid, urinary calculi, transitory glyco-urea, excess in quantity of mucus and water indicate that Kaph in the body is not in order.

OVERGROWTH DUE TO THE DERANGEMENT OF KAPH :

The tumours and cysts (Arbud and granthi) of benign quality are attributed, in Ayurveda, to over-activity of the growth-promoting substance (or Kaph) occurring in response to some injurious or irritant metabolite located in a tissue. Such over-growth takes place in the period of life in which Kaph is active. In case the power of Kaph has come to be defective or deficient as naturally happens in old age the overgrowth is liable to be attended with decay and turn malignant.

KAPH-KSAYA :

The state of the body in which reparative, proliferative or preservative reaction in response to irritants becomes weak, is called, in Ayurveda, as a state of Kaph-Kshaya and is believed to be unfavourable prognostic.

TREATMENT FOR THE DISORDER OF KAPH :

According to Ayurveda all the means that reduce the elements of earth and water, and increase the elements of "Agni," "Vayu" and "Aakaash" in the body should be adopted to treat the disorders of Kaph.

ELIMINATIVE TREATMENT :

Since fasting allows the oxidative and eliminative processes to function uninterruptedly, it is the best means to achieve this end. Even a short fasting of three days duration is sufficient to oxidise and excrete accumulated metabolites and thus cure an ordinary disorder of Kaph. A long fast lasting for a week may cure even a chronic disorder of Kaph. A fast undertaken annually in spring helps one to remain comparatively healthy for many months. Those who cannot stand complete fast may be enjoined to subsist on the lightest possible diet consisting of fruits, boiled vegetables, butter milk or light tea for a period of a week or two.

The patients suffering from various disorders of Kaph should take such a diet as is light (Laghu) greeseless (Ruksha) and of heating or stimulating (Ushna) quantity. It should consist of bread, barley, pulses of moong, moth, kulthi, goats' milk butter milk, honey, grames soup, spices, alcohol, asavas, hot tulsi drink, tea, and such vegetables as ginger, brinjal, parwal, bathua (Vastuk or chenopodium), radish (cooked), carrot, garlic, potato soup, karela, sohangjana, methi (Fenugrek) sooran (Amorphophalus) etc., large meals, over-eating, and such foods as are indigestible, sweet, sour, greezy, and cooling in nature should be avoided. For example sugar, sweets, milk, curd, ghee, butter, rice, oil, nuts, plantains, oranges, pulse of maash, sesamum seeds, cold drinks etc., are prohibited. Regular exercise in its various forms being helpful in oxidising and eliminating the metabolites has special value in the treatment of Kaph. Out of all tension eliminative

measures taken in relation to the treatment disorders of Kaph, the administration of an emetic is considered by Ayurveda to be the speediest method by which the body can be got rid of this metabolites. Tissue retention in the body is generally followed by nausea and vomiting hence stomach appears to be the natural outlet for the disordered Kaph. A dose of a brisk emetic (like madanphal) preceded by steam bath and followed by a purgative and enema with an interval of a day or two is given continually every week till the symptoms show an abatement.

When the head and respiratory channels are affected with tissue—tention or disorder of Kaph the method of snuffing (nasya) and of smoking (Dhumpaana) that promote excretion of mucus are found highly helpful.

PALLIATIVE TREATMENT (SHAAMAK CHIKITSA).

The medicines that are of digestive, stimulating, diaphoretic, diuretic, laxative property or are bitter or astringent or pungent or alkaline in taste are usually indicated for the treatment of the disorders of Kaph. Hence drugs containing trikatu, panchkol, trifala, alkalis, cow's urine, honey, bitters, aconite, alcohol etc., are prescribed for the disorders of Kaph.

In diseases in which all the three doshas are simultaneously involved, as a general rule, the disorder of Kaph is remedied first of all by fasting, warming and stimulating treatment and after the metabolites circulating in the blood have been oxidised the treatment for Vayu or Pitta which ever is predominant is instituted.

SUMMARY:

To sum up as to the etiology of diseases Ayurveda holds that there are two classes of diseases i.e., intrinsic (Nij Rog) as well as extrinsic (Aagantu Rog). The root cause of intrinsic diseases is the accumulation of waste matter or "dosh" in the body. This accumulation is brought about in three ways:—

- (1) Due to impairment of vitality the tissues are rendered incompetent to expel their excretions completely.
- (2) Due to overactivity of the destructive phase of metabolism a large amount of the waste products than the body can dispose of is produced.

(3) Due to over-eating and under exercise the tissue get clogged with incompletely oxidised products. These three factors are called the disorders of "Vayu," "Pitta" and "Kaph" respectively, and are said to be the essential predisposing factors that determine the occurrence of disease; in as much as in the absence of their disorder all other etiological factors remain ineffective. Accumulation of waste matter brought about by the disorder of these three "doshas" is, in course of time, followed by infection, which seems to be an attempt on the part of nature to oxidise and to eliminate it. Ayurveda lays greater stress on the intrinsic factors that bring about accumulation of "dosh" than on infection which is believed to be the incidental or subsidiary cause of disease. Charak says: "Fever cannot occur unless there is accumulation of "mal" or "dosh" in the body."

(Dehinam Nahi Nirdosham jwarah samupsevate. Charak, chi 3). Hence as regards the treatment Ayurveda lays greater emphasis on the eliminative methods than on the palliative ones.

The diseases brought about chiefly by the inoculation of bacteria and bacterial poisons are called extrinsic (Aagantu Rog) diseases. But since bacteria cannot grow in a tissue in which the three elements are in perfect accord some kind of elemental disorder in the tissue must precede before bacteria can establish their foothold in it. Mostly it is due to the errors of ours of omission or commission that our bodies are rendered favourable for the growth of bacteria. Hence such measures as can set the internal disorder aright and make the body unsuitable for the growth of bacteria are essential. However, so far as the extrinsic diseases are concerned, in addition to these measures, the anti-bacterial therapy the out-standing achievement of the modern science also must be taken advantage of, if we have to make Ayurveda a complete system of medicine.

A Comparative Study of Tuberculosis.

by Ayurvedacharya

NALINAKSHA SEN GUPTA. M.A. (Cal) A.M.S.

Research Scholar (B.H.U.)

I have selected a topic as an example to illustrate the fact that there is no conflict or scope for confusion between the eastern and the western systems of medicine. On the contrary one can gain more about a subject by a comparative study of the matter. A comprehensive study of both the sciences of western system of medicine and that of Ayurveda holds out the prospect of an integration of the systems into one medical system which is befitting India.

Tuberculosis, they say, is caused by the *Bacillus Tuberculosis*. They have also found out after thorough investigations that the majority of people living in cities carry the infection with them. But all of them are not tubercular patients. How to explain this seeming paradox ! Here comes in the question of the soil which is a complementary factor in the causation of the disease. The causal organism is the potential seed and the human system is the soil. They together complete the picture. Ayurveda deals more with the soil. Tuberculosis can supervene only when the soil is rendered a fit breeding ground for the organisms by any of the four predisposing factors mentioned by Charaka and others—(1) *Khaya* (wasting due to excessive indulgence in sexual matters or starvation or other causes leading to wasting), (2) *Saahas* (recourse to heavy exercise beyond the limits, of one's capacity), (3) *Vegarodh* (withholding of nature's calls such as defecation-urination and passing of flatus), (4) *Vishmaashan* (faulty and irregular diet leading to impaired digestion and metabolism and hence mal-nutrition). Except the second factor (*Saahas*) the onset in the rest is insidious—the resistance of the body against the infective forces getting lower and lower. The relative value of this factor will be explicit if I quote here the words of Green.

"Following the arrival of the organisms, the type of lesion produced in the lungs depends essentially upon the relative balance between the virulence of the organisms and the resistance of host. High virulence and low resistance result in acute pneumonic lesions with but little of the typical histology of tuberculosis and an absence of fibrosis. Where resistance and virulence are more nearly balanced the lesion is typically chronic and is associated with caseation and fibrosis; where resistance is high and virulence is low, the chronic fibroid or productive form of the disease is seen".

This body resistance is at par where the 'doshas' are in balance. But the four etiological factors mentioned as the causes lead to the derangement of the doshas and the consequent lowering of the body resistance. They thus make room for the free play of the infecting organisms. Raajyakshma, as has been said, is 'tridoshaja' and among its eleven manifestations (ekaadasharupa) there are three divisions according as the predominance of the three 'doshas'. When all the doshas are equally excited, body resistance necessarily gets low and the prognosis is bad. The disease appears with all its full manifestations. So the degree of the power of resistance of the body vary according to the degree of proportional derangement of the doshas. The lesser the manifestations, it is to be understood that the power of resistance is great or the virulence of the organism is less. In either case the prognosis is good. The onset of the disease is slow except in that type which is due to (Saahas) over-exertion where the onset is sudden. There is an ulcerative lesion (urakhkat) from the very beginning and the (Saahasik yakshama) sets in.

PATHOLOGY

They describe Raajyakshma as due to obstruction of the channels Shrotaabarodh by the aggravated doshas so that there is a break in the chain of the normal physiological process of digestion and metabolism (Dhatoopushti) resulting in the loss of absorption and assimilation of food (Sar) and formation of more of excreta (Mal). The normal metabolic chain is (Annaras) (end product of digestion), Rakt (Blood), Mans (Muscles), Med (Fatty tissue), Asthi (bony tissue), Majja (marrow), Shukra (semen) Ojas

(Hormones? Protoplasm? lit that which gives energy). As a result of defective metabolism of (Annaras) (the first unit of the chain) as there is in this disease, the subsequent tissues do not get their nourishment (Dhaatawo hi dhaatvahara) with the result that instead of tissue formation there is tissue destruction and hence gradual wasting. That (Annaras) which could not undergo further physiological changes due to Shrotaawarodh gets on accumulating and with the impulse of cough has a tendency to go upwards and produce various manifestations like nasal catarrh, cough, pain in the chest and shoulder and so on (vide Charaka. chi. ch. 8).

They describe a reverse type of wasting which they call Pratilom Khaya in which the chain is primarily disturbed in the end. Due to excessive loss of semen as a result of over-indulgence in sexual matters, the previous units in the chain are affected one after the other in the reverse order. So the net result in both the types is the same—gradual emaciation.

Purvarupa.—If I may be allowed to loosely use the expression “symptoms in the incubation period” for the poorvarupa then I may say that following those symptoms one can forecast the impending onset of the disease beforehand with this advantage that it can then be nipped in the bud for it is such a disease that once all the symptoms have manifested themselves, no panacea for it has yet been discovered. The Purvarupas described in the texts are general malaise Angamarda dyspeptic tendency Agnisaad cough Kaas sleepiness Nidra whiteness of the eyes Shulkekhan increased sexual desires Riransu and a few others.

Rupas.—As regards the symptomatology given in the texts it can be said with great emphasis that they are the best and infallible guide for the diagnosis of the disease. The formula composed of the eleven data is a sufficient guide to the diagnosis of the disease. If the following symptoms are present, it cannot be anything else but tuberculosis:—laryngitis pain in the shoulders and chest Anshapaarswabhitaapascha fever, feeling of warmth or burning within, diarrhoea, hæmoptysis, heaviness in the head, anorexia, cough, pharyngitis Kanthasyodhwansa. You might say that by all sciences, these are admitted as symptoms of this disease but I would like to put stress on the comparative advantages of the

Ayurvedic system. Many of the cases of hæmoptysis, or chronic cough or pain in the chest or chronic fibroid changes in the lungs as revealed from radio-graphy, which are classed as suspected cases of T. B. can definitely be judged by the short formulæ which lays down the minimum symptoms which must invariably be present if it were a case of tuberculosis. They are pain in the chest and also referred to the shoulders Anshapaarswabhitapasha burning in the palms of hands and soles of feet Santaapaba Karpadayo. Santaapah also means affliction out of which the hands and the feet become sluggish. The last but, the most important of all is fever Sarwaanga Jwara. Fever usually seen in Rajyakshma is of the Pralepak (hectic) type in which there is slow fever Mandajwara vilepi perspiration and a feeling of sluggishness. The fever is thus an invariable symptom. This along with the other two, greatly, help to detect the fallacies in the diagnosis.

At the same time it must not be forgotten that about the various pathological lesions produced in this disease, one has to study books on pathology. Ayurveda gives only this much reference that there is some lesion in the lungs. Books on pathology elaborately discuss the tubercle with its four concentric layers and with its future developments i. e. caseation, fibrosis or calcification.

Thus a clearer, thorough and a more comprehensive picture of the disease can be had only from a comparative study of the disease.

BIBLIOGRAPHY—

Charaka
Susruta
Baagbhatta

Maadhav Nidaana

Sidhaanth Nidaana
Green's Pathology
Savill's Clinical System of
Medicine.
Lecture Notes

Kalaya-Khanja-Vatha : Lathyrism.

P. T. JAGANNADHA RAO, L. I. M. TIRUPATI.

DEFINITION

Kalaya-Khanja-Vatha, Lathyrism, is a specific disease of the pyramidal tract, caused by the ingestion of the seeds of a vetch of the genus *Lathyrus*, Kalaya.

HISTORY

Charaka and Sushruta of the post-vedic period have exposed that *Lathyrus* and allied species damage the nervous system and cripples a man by vitiating Vatha. Vaagbhata of the early Buddhist era was the first physician to mention about the disease Kalaya-Khanja-Vatha. Hippocrates, the renowned Greek physician of 460 B.C., mentioned that certain species of *Lathyrus* cause paralysis. Bhaavamisra and Maadhavacharya of the early periods of the Christian era dealt with Kalaya-Khanja-Vatha in their treatises. All authors of Ayurvedic materia medica agreed that *Lathyrus* damages the nervous system by vitiating Vatha. In the seventeenth century A.D. *Lathyrus* was considered to cause an epidemic paralysis on the continent. Its use as food was forbidden by a legislation in the year 1671 A.D. by George Duke of Württemberg and in the years 1705 and 1714 A.D. by his successor, Leopold. In the eighteenth century lathyrism was observed in Italy, France and Algeria. From the nineteenth century lathyrism was recognised in India. (Sleeman 1833-4; Irving 1859-68; Andrew Buchanan 1904; Acton and Chopra 1922; McCombie Young 1927-8; Shah 1939; Rudra & Bhattacharya 1946; Jacoby 1946-7).

AETIOLOGY

The species of *Lathyrus* causing disease in India is *Lathyrus sativus*, *Pisum Arvens*; English-chickling Vetch; Sanskrit-Kalaya; Hindi-Khesaari, Kasur, Kassa; Bengali-Khesaari Kalay; Marati-Lankh or Langh; Telugu-Lankalu. In Sanskrit Kalaya has the synonyms, Munda-chanaka, Harenu, Harenuka, Renuka, Sathee-

laka, Satheenaka, Satheela, Satheena, Sandika, Khandika, Kheendaka, Kantee, Neelaka. Samana, Triputa, Lanka and Athivar-thula. It is a variety of the field pea.

“Lankakhyasthu Kalayakah” —Shadrasa Nighantu

“Kalayaka-ssethanascha Harenuh Khandika smrithah”
—Dakshinamurthi Nighantu

“Kalayo Mundachanako Harenu Renukah smrithah”
—Saligram Nighantu

“Khandika Triputa-Kalayah : Harenu Varthula-Kalayah”
—Chakrapanidatta

“Kalayo Varthulah prokthah Satheenascha Harenukah”
—Bhavamisra

Ingestion of the seeds of the genus Kalaya vitiates Vatha, damages the nervous system and even cripples a man.

“Kalayah kuruthe Vatham” —Raja Nighantu

“Kalayo vathalah parah” —Charaka : Suthra-Ch. 27

“Kalayah prachuranilah” —Sushruta : Suthra-Ch. 46

“Harenavah Satheenascha vigneaya baddhavarchasah,, Do

“Lankasthu seethalo ruchyo madhuro vatha-karakah ”

—Nighanturatnakara

“Snayum karothyasthigatham balishtam”—Haritha Samhitha

“Kinthu Khanjathwa panguthwa karo vathathikopana”

—Bhavamisra

“Rakthaha kaphapithhaghna bhinnavitko-athivathalah” Do

References in Bhaavaprakasa and Maadhavanidana, as commented by Vijayarakshita, Srikanthadatta and Vachaspathi Vaidya that the word Kalaya-Khanja-Vatha is figurative or metaphorical and not literal, are to be discounted.

Lathyrus Cicera of France, Italy and Algeria ; Lathyrus Clymenum or the Spanish vetch of Spain and North Africa ; and Lathyrus Tuberosus and Lathyrus Aphaca have also been regarded as causes of lathyrism. Animals are also affected. Stockman (1917) and Dilling (1920) extracted from the seeds of L. Sativus minute quantities of an alkaloidal substance, with which they inoculated animals and produced symptoms resembling those of

lathyrism. Acton and Chopra (1922) found in the seeds a toxin of the nature of a water-soluble amine and produced symptoms resembling those of lathyrism in ducks and monkeys by injection of the soluble amine. Geiger (1933) fed rats with *L. Odoratus*, the flowering sweet pea, and produced symptoms of lameness, paralysis and contracture of the spine and sternum. Lewis and Esterger (1943) fed white rats with the sweet pea and produced the symptoms of lameness, paralysis of limbs, spinal curvature of the thoracic region and incontinence. It is believed that legumes other than *Lathyrus Sativus* are apt to cause a disease similar to lathyrism. All texts of Ayurvedic materia medica indicate that almost all legumes vitiate vatha and especially the vetches.

Rainy season and vitamin deficiency in diet form the background of lathyrism.

“Vrishti gharne alpam balam” —Vagbhata ; Suthra-Ch. 3.

“Adanaglanavapushamagnih sannopi sidathi varsha su
doshih” —Va : Su : Ch. 3.

“Vrishtivathakulethvagni bhojanam kleda-vathajith parisush-
kam laghu snigdamushnamla lavanam bhajeth”
—Ashtangasangraha.

Acton suggested that the toxic amine was produced in *L. Sativus* during germination and that this accounted for the high incidence of the disease during the rainy season of the year. McCombie Young is of opinion that lathyrism is a deficiency disease. He stresses a vitamin A deficiency among his lathyrism patients. It is possible that the absence of vitamin A from the diet allows the neurotoxin in the peas to exert its harmful effects on the central nervous system, Stockman (1934) reported that a watery extract of *Lathyrus* peas contained salts of phytic acid, which exerted a marked action on the brain and spinal cord. Moderate doses produced torpor and depression and larger doses clonic and tonic spasms. Feeding with large quantities of *Lathyrus* peas and the injection of the salts, isolated from them caused degeneration of nerve-cells and nerve-fibres of the cerebro-spinal and sympathetic systems. Vitamin B deficiency is suspected by Rudra and Bhattacharya (1946). Basu and others (1937) attributed tryptophane deficiency of *Lathyrus sativus*. It is stated in Ayurvedic

texts that Vatha Dosha is generally susceptible in the rainy season. Digestion and bodily resistance would be very low. Special diets are suggested to overcome the Vathic disturbance, which is seasonal. Hence the dietary deficiency and the season would naturally pave the way to lathyrism. People with a diathesis of predominant Vatha are ever susceptible to this disease and mere ingestion of the seeds do Kalaya do not cause the disease, though there could be no lathyrism without the ingestion of the seeds of Lathyrus. Stott could not produce toxic symptoms in horses by prolonged feeding of pure cultures of either Lathyrus sativus or Vicia Sativa. But on the other hand horses are presumed to be peculiarly susceptible and have died after the ingestion of Lathyrus sativus. It is to be concluded that the susceptibility is based on the diathetic Vatha, which is predominant, added by the rainy season and lowered bodily resistance.

PRODROMA : PURVARUPA :

The onset is sudden. Chills, backache, weakness and heaviness of the lower extremities, pains in the loin, thigh and calf muscles. A history of an exposure to cold or rain after heavy work or during the convalescence period after an attack of malaria or diarrhoea, the chief and inevitable cause being the ingestion of the seeds of Lathyrus sativus in any form of diet as a major portion.

SYMPTOMS : RUPA :

The legs become tremulous due to the weight of the body when standing and attempting to walk. Inability to walk and dragging of legs follow, resulting in a typical spastic-ataxic gait. Paresis persists. Deep reflexes in the legs are exaggerated. Sphincters are not affected. The muscles do not generally atrophy (degenerate). Symptoms of disease are absent in other parts of the body. All these symptoms were first described by Vagbhata three centuries B.C. Later on Bhaavamisra and Maadhavacharya reiterated them. The description of symptoms given by Jacoby closely correspond with the above quoted.

“Vayuh katyam sthithah sakthnah kandaram-akshipethyada
thada khanjo bhavajjanthuh panguh sakthnordhwayorapi
kampathe gamanarambhe khanjannivacha yathi yah
kadayakhanjam tham vidyanmukthasandhi prabandh-
anam.”
—Vagbhata : Nidana

Divergence of opinion in the description of symptoms by some authors is quoted below for information. Involvement of the upper extremities and sensory impairment are also added by Shah and Minchin. Incontinence of urine and faeces was noted by Ruge and Ranjan. Night-blindness was observed to be present by McCombie Young and only dimness of vision by Ranjan. The sexual power is said to be enfeebled by some.

PROGNOSIS :

Khanjathwa or paralysis, unilateral or bilateral, as a permanent symptom is described by Ayurvedic authors. "The degree of paralysis produced by the original attack remains permanent for the rest of life" says Chopra.

TREATMENT

Massage with medicated oils in the early stages is advocated, with steam baths, oil enemata and the oral administration of Guggulu (Vagbhata and Bhavamisra). The main point in view of the treatment is the re-establishment of the nerve tone. Navarakili, a special massage treatment of Malabar for Vatha, is worth trying in this disease, in the early stages before much loss to the nerve tissue is expected.

Jacoby relieved the symptoms by the injection of prostigmin intramuscularly 2cc daily for the first ten days and 1cc daily continued for the next ten days or more. The symptoms recur on the withdrawal of prostigmin injections. Vitamin B complex with crude liver extract injected for a few days before the commencement or prostigmin course helped much in some cases.

Indegenous Drugs useful in Diseases of Children.

SADAPA.

By DR. T. RAJESHWARI L.I.M.

Ramalineshwarpatt, Tenali, Guntur

This drug is used as a house hold remedy for children's ailments in our country. Botanically it is called *Ruta Graveolens* (*R. Angustifolia*). It is a plant belonging to genus *Rutaceae*, and is a short tender fragrant herb commonly cultivated in Indian gardens and in croton pots, its names in different languages. Eng; The garden Rue, Sanskrit : *Sadapaha*, Hindi, Persian, Arab and Guzarat : *Satap*, Bengal : *Ispand*, Telugu *Sadapa* : Canarees : *Sadapugida*.

Description : Leaves petioled, decomposed segments cuneate, spatulate-oblong or linear-oblong. Flowers in divaricately spreading corymbs; pedicels longer than the capsule; bracts lanceolate. Sepals triangular, acute petals oblong-obovate, pectinate, abruptly clawed. Capsules obtuse, shortly pedicelled. Seeds angled.

Distribution :—Cultivated throughout India, Westwards to the Canaries.

Action :—It is used as a stimulant, expectorant, anti-spasmodic and anthelmintic in infants and Children. It is also said to be a valuable restorative, diuretic and emmenagogue.

Therapeutic uses—In Bronchitis and Pneumonia the juice of the drug is given in 10 to 30 drops doses mixed with honey. In cold and Cough in Children fresh juice of the leaves of this drug and the leaves of tulsi are given with honey. Fresh juice is more effective than any in other form. A decoction of the dried leaves (when fresh leaves are not available) may also be used for Children in the above said conditions. The leaves may be used for fumigation in nasal catarrh and cough in young children. The powder of the dried leaves of *Sadapa*, black pepper and cardamom seeds

possesses antispasmodic and expectorant properties. I have found it useful in the bronchial catarrh and acute bronchitis of children (Koman).

A light decoction of the dried leaves of the drug may be used as an anema in flatulence and colic. The decoction may be given orally too in these cases. Fresh leaves are ground well, and made into a paste. This paste is mixed with a little brandy and applied externally relieves nervous pains. An infusion of this drug is used for respiratory and heart diseases (Nad Karni).

When given orally it is considered by house-holders, as a substitute for musk to maintain the bodily temperature.

The drug is added to water, poured into a still and condensed vapour extracted by distillation, just as rose water or omam water and it is freely used for children and youngsters as a carminative and stimulant. During distillation the drug yields a small quantity of volatile oil.

It is generally used in cases of hysteria in combination with the powder of Jatamamsi (Velernates) and Aswagandha.

The powders of the above three drugs are mixed in equal quantities and given with water, milk or honey. (Dose 10 to 20 grains.) A tincture prepared with this by adding the pieces of this plant and rectified spirit and kept for over a fort-night and filtered can be used internally as a expectorant and carminative, (dose 1 to 5 drops for children). It can also be applied externally on inflamed areas. Fresh juice of the plant and pure honey are mixed in equal quantities kept undisturbed for one month and then filtered and taken. (This is called asawa preparation.) Dose $\frac{1}{4}$ to 1 teaspoonful.

In South Africa the decoction of the leaves is used in fevers. In fits and convulsions of infants and children the leaves juice is given. The fresh leaf crushed into a soft paste and is placed in the hollow of tooth-ache. In ear-ache too, the mass of bruised drug is placed in ear hole. Sometimes, when in exims children bathed in a decoction of the plant; and this is credited with producing recovery (Basu and Kirtikar).

This drug deserves special study and Pharmacological investigations in view of its highly useful nature specially in children.

- References :—1. Indian Meteria Medica by Nad Karni.
2. Indian Medical Plants by Basu and Kirtikar.
3. Vastuguna Deepika.

Ayurveda and World Peace

By DR. A. LAXMIPATHY M.B., C.M., MADRAS

I. Ayurveda represents the cultural heritage of India. Its fundamental principle is Dharma based on Ahimsa.

Charaka says :—

“Ahimsa praaninaam praanavardhanaanaam utkrish-tatamam.” Sutra 30. 15.

The best of all things that promote life is Ahimsa—Non-violence.

II Charaka attributes wars to Adharma arising out of greed, anger and delusion.

“Tadha Shastraprabhavasyaapi, Janapadodhvamsashcha adharmmaiva hetat bhavati,
Te atipravridhdha lobha, rosha, mohamaanaah Dur-balaan anavamatya, Aatma swajana Paropaghataaya, Shastrena paraspara mabhikramanti,
Parairva Abhikraamyante.”

An account of the abnormally increased greed, anger and delusion, they oppress the weaker people and take to violent attacks with arms and destroy others or get themselves destroyed.

Charaka Vimaana, 3,26

III This is all due to Prajnaaparaadha—faulty judgement.

“Tasya yonip prajnaaparaadha yeva.” 3. 24.

The leaders who have transgressed Dharma lead the followers into ways of unrighteousness. By reason of Adharma, villages and towns are destroyed through wrong environment and wrong food.

“Tatah Uddhwamsante Janapadaaha
Sprisya Abhyavahāra Doshaat. 3. 24.”

Charaka traces out the causes of passions and emotions to over-eating which in turn is responsible for the development of the vicious circle leading to wrong judgement (Prajnaaparaadha).

IV (a) Towards the end of Kritayuga—golden age—some people who had plenty began to eat more than what was actually needed for their body. This resulted in development of heaviness of the body.

“Bhrisyaticha Kritayuge, Keshaanchit,
Atyaadaanaat saampanni kaanaam Sareeragouram-
aaseeth

(b) Tiresomeness was the result of heaviness of the body. On account of tiresomeness, grow up a tendency to be lazy. By laziness developed a tendency to store up materials for the future use. On account of this tendency to accumulate, there was increased feeling of Mineness and from this arise greed.

“Sareeraanaam Gouravaath Sramah,
Sramaath Aalasyam ; Aalasyath samchayah ;
Samchayaath Parigrihah, Parigrihaath,
Lobha-praadurbhootah-krite.”

As a subsequent development from greed arose a tendency to cheat others and then falsehood, and then the passions of desire anger, pride, jealousy, hautiness, injuring others, fear, anxiety, sorrow, excitement and such other emotions.

“Lobhaat Abhidrohah, Abhidrohaat,
Anritavachanam, anritavachanaat,
Kaama, krodha, maana, dwesha,
Paarushya, abhigraata, bhaya, taapa,
Shoka chittodvegaadayaah Pravritthaah.”

Thus the cause of all evil including wars which are included in epidemic diseases where the virus of infection affect the mind, is traced to losing self-control beginning with a little over-eating.

“Na Anritambrooyaat, Na Anyaswam Aadadeeta,
Sarwa praaninaam bandhu, Bhootaan syat,
Na paape paapeesyat, Paraparushavachana sahishtnu
syaat

“Raagadveshaanaam hantasyaat.”
etc., etc.,—Charaka Sutra 8,21.

The teaching of Ayurveda based on Truth, non-violence and self—control—called Sadvritta (good conduct) forms the basis of Hindu Dharma, which has been even to day the bed-rock of **Hindu Civilisation**

Notes and News

A HAPPY INTIMATION TO THE AYURVEDIC WORLD

The achievement of freedom has infused in the country a consciousness of an all round progress; and the fact seems to be a harbinger of prosperity, peace and happiness. Keen is, however, the competition between the indigenous and the foreign cultures and civilizations. It started when the nation was under foreign yoke. The same is in vogue in the field of medical treatment too.

The ancient science of Ayurveda was a source of inspiration to the other medical sciences of the world. It not only did immense good to the humanity but also won a high position for itself.

The present age is an age of competition, and the Ayurveda has to prove its worth to stand its chance. Misled by the modern materialism some people are dubious about the future of Ayurveda which has a spiritual basis, but such people do not possess a complete knowledge of Indian culture, nor they have an adequate knowledge of Ayurveda. They forget that only those sciences survive which firmly stand on spiritual foundations. Our forefathers endowed the Ayurveda with such matchless qualities that it can remain unshaken in the tempest of various ups and downs, attracting the whole world to its humanitarian characteristics.

It has therefore been decided by the management of Shri Baidyanath Ayurveda Bhawan Limited, Patna that a

prize of the value of Rs. 250/- will be awarded to a person for his or her contribution considered to be the best, viewed from the point of establishing the above-mentioned greatness of Ayurveda, of the articles published in the *Sachitra Ayurveda*, in the year 1949, and another prize of Rs. 250/- will be awarded to a person for his or her contribution considered to be the best, viewed from the point of establishing the above-mentioned greatness of Ayurveda, of the articles published in the *Journal of Ayurveda* in the year 1949. The result will be declared by the present president of the All India Ayurveda Congress.

With a view to scrutiny into the articles published during the year, the following committees have been formed :—

For the *Sachitra Ayurveda*.

1. Shree Yadav Ji Trikam Ji Acharya, Bombay.
2. Shree Ram Raksha Pathak Ayurvedacharya, Bihar.
3. Swami Mangal Das Ji, Jaipur.
4. Pt. Ganesh Dutta Saraswata, Hardwar.

For the *Journal of Ayurveda*.

1. Dr. D. N. Banerjee, M. D., Calcutta.
2. Dr. P. M. Mehta M. D., M. S., Jamnagar.
3. Dr. M. N. Agashe M. B. B. S. Satara.
4. Dr. A. Laxmipathi, M. B., C. M., Madras.
5. Dr. Bawa N. S. Paranjapey, Nagpur.

Announcement of the prizes will be made in February 1950.

The decision of awarding these prizes was arrived at on 13-11-49 in a meeting held under the presidency of Pandit Ganga Dhar Sharma, Chairman of the Bihar Provincial Vaidya Conference under the auspices of the Hindi Sahitya Sammelana of Bihar.

P.E.P.S.U. AYURVEDIC CONFERENCE

PATIALA, Nov. 27.—Inaugurating the first All-P.E.P.S.U. Ayurvedic Conference at Dhuri yesterday, Sardar Gian Singh Rarewala, Premier declared that the Government had decided to

open 250 Ayurvedic dispensaries in various parts of P.E.P.S.U. during the next ten years, at the rate of 25 dispensaries per year.

The fact that the Ayurvedic system of medicine had survived all setbacks and discouragement during foreign rule was a proof of its potential strength and efficacy, the Premier said. He declared that to encourage this Indigenous System the Government would, if necessary introduce legislation and take measures to popularize it.

Continuing, Sardar Gian Singh advised Vaidyas to observe cleanliness and bend their energies more to the prevention of disease, rather than in its cure.

In reply to a demand in the welcome address, Sardar Gian Singh declared that re-demarcation of districts in P.E.P.S.U. was not contemplated in the near future, but should this question crop up, Dhuri, because of its being a central place and a flourishing business centre, would receive, due consideration at the hands of the Government.

Earlier, Mr Rajinderpal, chairman of the reception committee, said that the entire population of the Union extended their fullest co-operation to the Government in making the Union a most progressive and flourishing province in India. Vaidya Ratna Ram Parshad, Rajvaid of Patiala who presided said that the various committees set up by the Government of India during the last two decades had systematically tried to stifle and suffocate this most ancient system of human treatment, but still it had survived. He advised vaidyas to take their profession in a missionary spirit, and work for it with a single-minded devotion.

RESETTLEMENT OF REFUGEE VAIDS'

Steps taken by the Government of Madras, Bombay, the U.P., and West Bengal to facilitate the resettlement of displaced *vaid*s and *hakim*s from Pakistan have been given by the Ministry of Rehabilitation, Government of India, in a Press note.

The Government of India had some time ago requested these Governments and also the C.P. and Berar Government to help the displaced *vaid*s and *hakim*s in their resettlement, if

necessary by amending any Acts or executive Orders which prohibit unregistered *vaids* and *hakims* from starting practice in these provinces. The Government of India have now received replies from all Governments except Government of C.P. and Berar

The Press note says :

The U.P. Government has stated in its reply that unregistered practitioners are not debarred in that province from practising Indian systems of medicine and displaced *vaids* and *hakims* can, therefore, freely practice there. Further, the provincial Government has already recognized a number of degrees and diplomas awarded by colleges in Lahore and Patiala and had also introduced a scheme of subsidising displaced *hakims* and *vaids*.

The Government of Madras, too, has stated that practice of Indian medicine in the province is not restricted to registered practitioners. However, if displaced *vaids* and *hakims* wish to register as medical practitioners in the Madras province, they should apply to the President Central Board of Indian Medicine, Kilpauk, Madras. Each case is considered on its merits. Under the rules, persons possessing diplomas in Indian medicines granted by or under the authority of the Government of India or a provincial Government or an Indian State or by any recognized university or examining body in India, are eligible for registration, provided that their applications for the recognition of such diplomas are recommended by the Central Board of Indian Medicine, Madras, and accepted by the Government of Madras.

The Government of Bombay has stated that they have already issued orders permitting displaced *vaids* and *hakims* to practise in the Bombay province provided they possess any of the qualifications recognized by the Board of Indian Systems of Medicine, Bombay. For the benefit of displaced *vaids* and *hakims* who do not possess these qualifications, the question of amending the Bombay Medical Practitioners Act, 1938, is under consideration.

The Government of W. Bengal has informed the Government of India that there is no legal bar to any *kaviraj* or *hakim* practising in W. Bengal. If such a person, however, desires to get himself registered with the General Council and State Faculty of Ayurvedic Medicine, West Bengal or the General Council and State Faculty of Yunani Medicine, West Bengal, he will have to

comply with certain prescribed requirements of the State Faculties. The Government of West Bengal has already sanctioned monetary assistance in the shape of loans for the resettlement of displaced medical men.—P.T.I.

WARNING AGAINST USE OF STREPTOMYCIN

LONDON, Nov. 10.—The British Medical Journal warned tonight that use of the wonder drug Streptomycin may have to be abandoned because it is too dangerous.

The Journal said the drug can have serious poisonous effects on the "eighth nerve", causing giddiness and deafness and may even upset a patient's sense of balance permanently.

The leading article in the Journal said Streptomycin is much more harmful and also less potent than Penicillin and would find no place in therapeutics but for the fact that it acts on many bacteria against which Penicillin is powerless.

The drug is used frequently to combat tuberculosis but in the majority of cases, the Journal stated, patients become resistant to the drug and remain so indefinitely.—P.T.I.

PIPE SMOKING WORSENS BLOOD PRESSURE

LONDON, Nov. 10.—Although for years the opinion has been generally held that pipe smoking is less injurious to health than cigarette smoking, a group of scientists who have been carrying out research in Oxford assert that this opinion must be reversed.

Using a special "smoking machine" they found that the cigarette which has the lowest nicotine content, and cigars, which have little more, are far less potential dangers to health than a pipe.

Although they are agreed that smoking generally does not have any great effect on a reasonably healthy person, they point out that pipe smokers usually have a higher blood pressure—Globe.

VILLAGE VAIDYA TRAINING CENTRES IN MADRAS

MADRAS, Nov. 11.—Dr. T. S. S. Rajan, Public Health Minister, informed a questioner in the Assembly today that four "Village Vaidya Training" Centres, including one at Tanjore

and another at Vellore, had been opened in the province. At each of the centres 65 Vaidyas were being trained according to a syllabus prepared by the Government.—P.T.I.

HORMONE CHECKS ASTHMA

NEW YORK, Nov. 9.—Remarkable curative success with *Acth*, the hormone from the pituitary body found in the base of the skull, were reported at a conference at Chicago of representatives of leading medical institutions in the U. S. A. and Canada.

Particular success with asthma was announced. It was reported that patients suffering from attacks of severe asthma have been restored to perfectly normal breathing within 12 to 36 hours after administration of *Acth*. In some cases the relief lasted for two or three weeks. Hope is held out that a good percentage of the victims may get well without need of further treatment.

It is also stated that in cases of hay fever the hormone was found much more effective than any of the anti-allergy drugs in use. In some cases a course of eight injections over 48 hours had stopped hay fever attacks for the rest of the season.

Another important statement is that patients who are hypersensitive to drugs such as penicillin and insulin are enabled to tolerate these drugs by treatment with *Acth*.—Globe.

CULTIVATION OF MEDICINAL PLANTS

Preliminary steps, with a view to undertaking on a commercial scale the cultivation of important medicinal plants in India, were recommended at a recent meeting of the Medicinal Plants Committee of the Indian Council of Agricultural Research.

The Committee has drawn up a list of 50 important plants and has recommended their cultivation on an experimental basis in different climatic regions of India. Six regions have been selected and in each, one centre in the plains and another on a higher altitude, are proposed. The centres suggested are the Simla Hills in Himachal Pradesh, Gurdaspur and Manali in East Punjab, Coimbatore and Nilgiris in Madras, Poona and Panchgani in Bombay, Darjeeling in Bengal and Jorhat and Shillong in Assam.

The work under the schemes consists of trying the plants in the various centres in order to find out what particular varieties, climatic conditions and soil types would provide the maximum

quantity of the active principle contained in the medicinal plants. On the basis of information thus obtained, plantations will have to be developed in future and commercial cultivation undertaken.

Another recommendation made by the Committee is to test samples of indigenous drugs to ensure that the manufactured goods maintain a high standard of quality. Apart from being used internally in the country, some of these drugs are also exported. It has been suggested that certificates on behalf of the Export Control Organization of the Commerce Ministry should be issued testifying to the quality of the stuff manufactured.

GOVT. COMMITTEE TO REPORT ON INDIGENOUS MEDICINE SYSTEMS

The Government of India have appointed a committee of nine doctors to submit a detailed scheme for development of research in Ayurvedic and Unani systems of medicine on the lines indicated in the Chopra Committee report on indigenous systems of medicine.

Dr G. G. Pandit, Secretary of the Indian Research Fund Association, is chairman of the committee.

The Government have also asked the committee to suggest how Ayurvedic and Unani systems can be included in the undergraduate course in medical colleges or as subjects for post-graduate medical study. In examining this matter, the committee has been asked to give due consideration to the fact that training of students does not fall short of the standard of medical education considered necessary in all progressive countries.

The committee has also been directed to make recommendations on the policy to be adopted regarding continuance, with necessary modifications, of certain existing Ayurvedic and Unani medical schools and colleges in which some knowledge in subjects, such as anatomy and physiology, is being imparted. The committee has been urged to keep in view the need for establishing a uniform system of medical education throughout the country.

The committee has to submit its report by the end of March next year.—P.T.I.

CORRECTION

In the issue of November on page 50 line 21 the value of books as stated should be read as Rs. 17,00,000.

All India Ayurvedic Congress election—

The following names have been selected for the presidential election the 37th A.I.A. Conferences and A.I.A. Vidyapeetha.

MAHAMANDAL (A.I.A. CONFERENCES)

1. Vaidya Jadavji Trikam Ji Acharya (Bombay)
2. Vaidyaratna Shiv Sharma (")
3. Vaidya Jagannath Pd Shukla (Allahabad)
4. Kaviraj Hari Ranjan Majumdar (Benares)
5. Kaviraj Ganesh Dutta Saraswat (Hardwar)

VIDYAPEETHA

- (1) Kaviraj Upendranath Das (Delhi)
- (2) Kaviraj Nand Kishore (Jaipur)
- (3) Kaviraj Durga Dutta (Benares)
- (4) Kaviraj Mani Ram Sharma (Ratangarh)
- (5) Kaviraj Ganesh Dutta Saraswata (Hardwar)

N. B.—Probably Vaidya Jadavji and Kaviraj Mani Ramji will be elected unanimously as the other candidates may withdraw their candidature in their favour, of course it is not yet confirmed officially.

Books Received and Reviewed.

1. Marma Vigyaana (Hindi) by Ayurvedacharya Pandit Ram Raksha Pathak G.A.M.S. (Patna) F.A.I.M. (Mad).
Principal Ayodhya Shivkumari Ayurvedic College,
Begusarai, Monghyr (Bihar).
Published by Chaukhambha Pustakalaya, Benares.
pp.109 Price Rs.3/8/-

2. Dhanwantari Sankraamak Rogaank
(Venereal disease) Hindi
Published by Dhanwantari Karyalaya
Bijyagarh, Aligarh U.P.

Edited by 1. Kaviraj Madangopal, G. A. M. S.
2. Vaidya Devi Sharan Garga
3. Jwala Pershad Aggarwal B. Sc.
Pp. 319 Price Rs.4/-/-

3. Loka-mitra (Monthly Hindi)—Chhindwara.
 Editors: Thakur Ramprashad Singh, M. A., L. L. B.
 Dr. Anantaram Dube
 Pt. Din Dayal Verma.
 Pp. 48 Price yearly Rs.6/-
 Single Copy -/10/-

4. Ayurveda Jagat (Monthly Gujarati)
 Editor: Kaviraj Pratap Kumar Popatbhai
 Yearly subscription Rs.4/-/-
 Address--Ananawadi, Bombay 2.

The Journal is being published for the last eight years and deals with Ayurveda. This Journal is doing service amongst the Gujarati knowing people and is giving very good hints for health and treatment of diseases. Greater part of the Journal is being devoted for official news of the Ayurvedic world specially of the Bombay & C.P. Provinces. Occasionally articles by Ayurvedic Pandits on the problem of Ayurveda are also given thus making the get up of the Journal useful for the practitioners.

Letter to Editor

1. Sub:—A Memorandum relating to recommendations of the Chopra Committee on the Indigenous system of Medicine sent to The Hon. Srimati Rajkumari Amrit Kaur, Minister of Health, Government of India, New Delhi.

Madam,

The National Medical Association of India is an All India-Medical Organisation representing the practitioners of Indian medicine who have qualified through institutions of Indian Medicine which are run under the direct control of the different Provincial and State Governments or are aided and controlled by Governmental Agencies and which provide along with a proper study of Indian Medicine, for training in a working knowledge of Modern Medicine also as well as the proper study of the basic Sciences appropriate to such study. In theory and practice, the members of this Association subscribe to the view that knowledge cannot be static and no considerations of sentiment should stand in the way of development of Indian Medicine along progressive lines by assimilation of valuable features of contemporary Modern Medicine. We hold that, in doing this, it is a matter of the greatest importance to see that nothing is done to do violence

to that most valuable feature of our national genius and cultural heritage for assimilating the valuable features of other cultures, while remaining rooted fundamentally in our own cultural excellences. That these valuable features deserve to be conserved and studied with profit, even by students of Modern Science and modern medicine, is the view expressed by many competent scientists, who had opportunities to make a comparative study. The following observation of Dr. Jivaraj N. Mehta may serve as an example.

"Our 'Seers' have made observation on most aspects of human life. What they have said of logic and philosophy still holds the field. It cannot therefore be that their observations on life-process, living organisms, animal life and plant-life which are embodied in the books of Yajurveda would not, even in these days of scientific progress, hold their own in many respects".

There are many well-known names like those of Vaidyaratna Capt. G. Sreenivasamurthy, B.A., B.L., M.B., & C.M.,—Dr. M.R. Guruswamy Mudaliar, B.A., M.B. & C.M., (M. D.)—Dr. Bujendra Nath Seal, who have held similar views. The Chopra Committee too have stated that "those medical scientists who have made this study with an unbiased mind, have realised the value of the writings of the ancient sages, who expounded the original doctrines of Ayurveda or Unani". Subscribing as we do to the views expressed above, it is with deep distress and consternation that we have read a statement on the subject which appeared recently in the "Indian Express" of Madras from their special correspondence at Delhi, who, in his note dated 15th September 1949, detailed the lines on which the policy of Government of India are likely to be formulated in regard to the recommendations of the Chopra Committee. In particular, we have read with dismay the following suggestion which seems to reject the foundational basis of the recommendations of the Chopra Committee and implement the most harmful suggestion of the Indian Medical Association—a body of pure Allopathists who have non-co-operated with and opposed the work of the Chopra Committee from the very start. "Appointment of a committee to go into the question of the nature and content of training that may be provided in Indigenous systems of Medicines, until a synthesis of Modern and Indian Medicine is brought about. *The proposal seems to be*

that a full course of education in Modern Medicine should form the basis on which special training in Ayurveda, Unani and other systems is proposed to be grafted underlining is made.

If the portion underlined above means that the course of training will be virtually in Modern Western Medicine, with a few fragments of Indian Medicine thrown in—just such fragments as few ununderstanding-Allopathists, ignorant of Indian Medicine, will be pleased to permit, and that the future course of training in Indian Medicine will not be based on the most valuable and foundational principles, fundamental to Indian Medicine, then the scheme is distinctly anti-Indian and found to do great violence and incalculable harm to the most precious features of Indian Medicine and to the national genius of India as it has manifested itself through our cultural heritage in the Department of Medicine. We cannot believe that our own national and popular Government will countenance the implementation of such a disastrous step—one which even the most prejudiced members of our foreign Governments of pre-independent days did not dare to perpetuate. We do hope that what the Delhi correspondent of the Indian Express has stated in this regard does not express correctly the proposals that the Government of India have in view. If, however, the statement is correct, then not only will it go directly against the unanimous recommendations of the Chopra Committee for making Indian Medicine up-to-date and for ensuring its future progress along right scientific lines but will also undo by the good work in this direction carried on against great odds by University Faculties as those instituted by the Benares Hindu University, Aligarh Muslim University, Andhra University, etc., and by colleges and schools of Indian Medicine working under the control and direction of many Governments of our Provinces and States such as the Government of Madras, Bombay, United Provinces, Mysore, Travancore and many others. The prospect of such an eventuality fills us with dismay and makes us feel that when we asked for bread we are verily given stones. If the Delhi correspondent of the Indian Express has correctly represented what the Government propose to do, then it is our duty to inform the Government that it is bound to lead to widespread agitation throughout the length and

LETTER TO EDITOR

39

breadth of the country. We do hope, however, that Correspondent's version does not correctly represent the position of the Government and we also pray that, before it is too late, an interview may be allowed for me and other representatives of our All-India Organisation to present to you our case in person, and that the time and date fixed for interview may be communicated to me at an early date to enable me to communicate with our representatives in distant parts of the country and arrange for their arrival in time for the interview.

Thanking you,

I remain,

Yours sincerely,

Y. SURYANARAYANA RAO,

President,

National Medical Association of India, Delhi.

2. Synthesis of Ayurveda and modern Medical in basic Studies Adherence to Dogma and Discarding of Science.

THE GLORY OF AYURVEDA :

Centuries before the Christian Era started, there existed in India, a highly developed system of medicine, the achievements of which are yet unexplored mysteries to the most inquisitive investigators of our times.

Not until Lister first enunciated the principles of antiseptic measures, could the scientists at large clearly appreciate the ideal of Susruta—the master surgeon of all times.

A thousand years before the modern surgeon ever thought of discarding antiseptic in preference to aseptic measures, Susruta advocated the need to boil all instruments in bland oils. The boiling point of oils is higher than that of water and hence was the greater reliance that Susruta ever advocated the use of non-irritating bland nutrient *babus* in preference to antiseptics in surgical wounds.

We do not know if the three great masters of Ayurveda, Charaka, Susruta and Vagbhata were contemporaries but one thing is certain. From their writings, we learn that all the three represented one were coordinated system of medicine which incor-

porated in itself all conceivable branches of medicine, such as medicine proper, surgery, ophthalmology.

It will be surprising to many to realise that in those great ancient era, quackery was not practised to as great an extent as it is today under the modern conditions. Law prevented unqualified people from dabbling in the practice of medicine. Compare those days with the present when every vendor of drugs, leaves and seeds calls himself an Ayurvedic doctor. Not a wonder, some such men have even become professors and examiners in some of our Ayurvedic institutions.

Looking back to the past, it is really astonishing how the state took the full responsibility for medical education and public health giving the highest priority to preventive medicines.

What the Modern Medicine failed to achieve the Ancient System developed in its time—the moral development of the would-be doctor and his responsibility to the state and the nation.

Ayurveda probed even into the details of the role of mind in relation to physical disease.

Whether one would agree fully with all the findings of the ancient system or not, any one who has made a dispassionate study of the past and the present, cannot fail to lay proper stress on the present day need for a thorough search into the achievement of the past and placing the ancient system on a scientific basis.

RISE AND FALL OF CULTURE

If we trace back the history of nations, we find that civilisation itself is a process of anabolism and ketabolism. As man grows and dies, cultures and sciences too cherished and perished. The cycle of creation and destruction seems to be an endless chain of glories and miseries.

Was not the glorious ancient Christian civilisation itself a victim to the fanatical fury of Muslims in the early decades of the eighteenth century?

What had happened to the Great Maya civilisation of Mexico. A civilisation that perfected the system of democratic city colony states and the one which knew the high lights of astronomy

unknown to the modern astronomers had to see an ugly end of itself by the onslaught of the imperialist hoarder of Spain.

Why so far. What about our own recent past. In the hands of Muslim and British invaders, our sciences, arts, and cultures were either neglected or killed. Even history stands distorted.

THE FALL OF AYURVEDA :

Ayurveda as a science did not escape the effects of this general turmoil and cultural degradation. Indian conditions during the past few centuries were most suited to the early decay of the one time great science.

State patronage was lost. Even educational institutions decayed due to the indifference of the common folk to their own responsibility towards public institutions. Master brains of Ayurveda soon become mere figures of the legends—their lasting work having gone into debris.

In the age of transformation, Ayurveda silently fell into the hands of non-technical sanskrit scholars. These scholars never had any sound practical training in the practice of medical arts. They lost the opportunity to dissect with their own hands and see with their own eyes what anatomy taught. The Science of pulse went into disuse. Quacks have come to bluff that they can diagnose every possible disease by feeling the pulse. This fraud and cheating has gone even to the absurd extent of feeling pulse through a thread tied to illiterate 'Ghosha' ladies Ayurvedic surgery became a thing of the past. Midwifery became a nightmare to some of the present day Ayurvedic physicians. It would not be an exaggeration if I say that if there is any who can give a rational interpretation to the 'Tridhatu' philosophy, he can be traced, not among Ayurvedic practitioners of the day, but in outsiders, Ayurveda without its basic philosophy is a body without life.

Ayurveda, having fallen in recent times in the hands of pauraniks, Viyakarunis, and Shastries has lost its scientific basis and has become a dangerous past-time in the hands of quacks. With this degeneration, all efforts at rational and scientific interpretation of ancient texts has receded giving place to a mutually

contradictory misinterpretations by Vaidyas. The at one time glorious system of Ayurveda has come to be a muddy pool of stagnant dogmas.

To cover up their own deficiencies and ignorance, Vaidyas soon resorted to secrecy in diagnosis and treatment. This secrecy in the preparation and administration of drugs lead to an early decay of whatever golden formulas were left by the ancient masters.

Quackery leads to secrecy. Secrecy kills science. For the degradation of Ayurveda, the unfaithful and the unworthy followers were alone responsible.

The great masters of Ayurveda, charaka, susruta, and Vagbhata never concealed anything and never failed to realise their limitations

PASSIONS RULES THE DAY

It is really gratifying to note that in recent times, along with the national repheaval, a popular sentiment is aroused to revive ancient arts and sciences. But it is most regrettable that this popular emotion is not based so much on common sense, discretion, and urge for scientific investigation as it is by bolstered up blind passion and zeal to do something. Where passion predominates, reason and discretion vanishes.

The whole trouble lies in the non-technical politicians proving too much in matters of scientific interest. The intricacies of science and scientific education are beyond the reach of the common man to appreciate in their true perspectives though the benefits of science are open to all. This counter revolution is an evil force with perilous and devastating results. Let us bear in mind how the ancient civilisations of India, Mexico and Southern Europe perished with the victory of the brute force over brain power.

Here in Madras, our Government tried a novel experiment in diluting science and propagating dogma by an attempted synthesis of modern medicines and Ayurveda. The less we speak

of their achievements the better it is. Usman Committee report is there for any one to peruse.

Now, there is great danger ahead for medical education in the whole of India. The move is to transform the existing medical colleges into duplicate models of our Indian medical school at Madras.

POLLUTION OF SCIENCE WITH DOGMA

Modern medical science is vastly advancing that an average student finds it hard to cope up with modern trends even within the prescribed period of five and a half years of study. His training in the formative period of his life is such that he discards dogmas and accepts confirmed truths which are placed on a principle, and which can stand the test of experimentation and specified effects.

To dub upon him a load of undigestible thrash in the shape of dogmas which he is forced to accept as universal truths simply because some ancient Maharshi is supposed to have said it is tantamount to self deception to our nation. It kills science as well the spirit of investigation and truth seeking in the minds of our youth. Having lost scientific approach to medicine, our would be graduate will be the quacks believing in unmerited dogmas, wonderful effects of dangerous poisons that are not yet standardised. In their hands, human beings will have to take the role of genuine pigs in the laboratories.

Modern medicine is not a sealed book like Ayurveda. It is a growing science. If there be any truth in Ayurveda, of which I have no doubt that there is some, why should it not be properly investigated and then be incorporated into the modern system. There is urgent need for this. If once kept on a scientific basis, the glory of Ayurveda will spread to the four seas as science is universal.

THE ONLY SOLUTION

To advance the cause of Ayurveda and incidentally modern medicine as well, our Universities may as well institute post-

graduate research courses in Ayurveda but never the pollution of science with dogma.

Love science and discard dogma.

Discarding science, nations perish, Discarding dogmas, nations flourish.

International syndicate
of India wardha C. P.

Dr. C. Siva Ram Sastry.

(Continued from page 8)

The fate of Indian medicines will be decided in the next few months. The writings on the wall is clear, for, has not one of the leading lights of the government pleaded in his memorandum to the Chopra Committee to fix a final date to do away with Indian systems of medicine altogether? What is the use of the existence of organisation like that of the Mahamandal if it cannot raise its voice effectively against the swan song of the Allopathic sublimely ignorant of Indian medicine, whose advise appears to have a greater pull with the National Government than the activities of the conditions prevailing in the country and the real value of Indian medicine to it! The Mahamandal should wake up and fall in line with other forces who are putting up a strenuous fight to stop the rot. If not it has no right to exist. The need of the hour is to revitalise this organisation and the younger generation of the profession should take a leading part in shaping its destiny on the right lines.

"IODONEL" (Ointment)



Indicated in Swollen Joints, Inflamed Glands, Boils etc.,

Dhootapapeshwar
Industries Ltd.

Panvel



Bombay

Arvind Ayurvedic Injections

are
SUPREME

Renowned for the purity and potency all over India and abroad.

Available at all good medical stores or direct from the manufacturers.

Catalogue supplied free.

Arivand Chemical Works,

Manufacturing Chemists,
Chindwara (C. P.), India.

For Effective Treatment Of All Ailments

Use Ayurvedic tinctures and other medicines manufactured by

The Ayurvedic Compound Tinctures Limited
ALLEPPEY (S. India)

Technical Consultant & Adviser :

Vaidyasastranipuna, Gaveshakathilaka,

Dr. L.A. Ravi Varma, M.B. & C.M. (Madras), D.O.M.S. (Lond.)

Retd. Director of Ayurveda, Govt. of Travancore.

Enquiries for catalogue and other particulars solicited.

U S E

Misra Ayurvedic Injection and
rejoin your lost health in the
least time and money.

Ask For Free Particulars.

MANAGER,

G. A. Misra Ayurvedic Pharmacy.
(Regd.) Jhansi No. 23 U.P.

For

AMENORRHOEA

(Delayed Period)

Dr. Khan's "Three not Pills" Price
Rs. 5/8/-. For birthcontrol "RAHAT"
Price Rs. 5/8/-. Literature on request:

B. C. SERVICE,

42, J. A. Churchgate Street,
Fort, Bombay 1.

TRADITIONAL REMEDIES OF INDIA

announce

DIABALIEN

For Diabetes, Glyco-suria and allied ailments.

Approved by the Medical Profession
All particulars are supplied to Medical Practitioners without obligation.

Sole Distributors : **BUYER'S BUREAU**
228, Vithalbhai Patel Rd., Bombay 4

MAJUMDAR CHYAVANAPRAS

(Rejuvenator)

It is well-known how Bihal (sage) Chyavan regained his lost vitality, health, strength and vigour by the use of this medicine, its ingredients are so prudently adopted that although its invention goes back to thousands of years, it tops the list of medicines used as tonic.

Composition :—Majumdar Chyavanapras is made with Phyllanthus, emblica. Dashmool, Root of Sida cordifolia, Phaseolus trilobus, Glycine debilis. The fruit of Piper longum, Tribulus lanuginosus, Phylladthus niruri, Grapes, Aplotaxis auriculata, Aguilaria Aqallocha, Chabulic myrcabalans, Tinosospora cordifolia, Ashtawarga (which are rare and most valuable drugs usually omitted by most firms partly from ignorances of these essential drugs and the difficulty of getting them and partly to make the preparation cheap), Curcuma zertumbet. The Tubers of cyperus rotundus, Punarnava, Eleteria cardamomum, Nymphaea stellata, Red sandal wood, Convolvulus paniculatus, Roots of Basaka, Ghee Sugar Candy, Sesame Oil, Bambumanna, Cinnamomum zeylanicum. Cinnamomum Tamala, Carnomoms, Flowers of Mesua, Ferra, Reduced Mica-Iron-tin etc. etc.

Action :—Aromatic, Anticatarrhal, Aphrodisiac, Antholmintic. Blood purifier, Carminative, Cholagogue, Digestive, Demulcent, Diuretic, Deobstruent, Diaphoretic, Detergent, Emmenagogue Emollient, Febrifuge, Expectorant, Hepatic, Hæmostatic, Hyptnot, Lactagogue, Nutritive, Nervine sedative, Pectoral, Refrigerant, Rubefacient, Restorative, Stomachic, Sedative, Alleviative of Semen, Blood and Strength, Stimulant for metabolic activity of tissue cells.

Indications :—Majumdar Chyavanapras cures permanently and absolutely consumption, Asthama, Bronchitis, Laryngitis, Hoarseness of voice, Pethisis. All conditions of debility, the faults of semen. It enhances the power of sexual congress, restores the wind to its normal course, promotes longivity and makes a young man of even any old one. It is highly beneficial to weak and emaciated persons.

It is very rich in vitamin A.B.C.D.E. & G. and hundred times more effective and million times more palatable than the preparation of Cod liver oil etc. etc.

DIRECTION.

For Adults :—One teaspoonful to one tablespoonful with 2 chataks or 4 ozs of milk or honey.

For children :— $\frac{1}{2}$ to one teaspoonful twice daily as the physician directs.

N. B.—It will not be very effective to persons having very poor digestion.

PAKING :

Bottle of 8 ozs.....Rs. 2/8/-

Majumdar Laboratories, NEW DELHI.

SAVE YOUR CHILD

From

INFANTILE PARALYSIS (Poliomyelitis)
KSHEERABALA (101 Times Medicated)

&

AYAVEERAM

THE UNFAILING MALABAR SPECIFIC FOR
PARALYSIS OF ANY KIND

Apply with full particulars to :—

MALABAR AYURVEDIC STORES

(ESTD. 1924)

107 Broadway, MADRAS,—1.

CATALOGUE FREE.

PHONE 4116.

AYURVED PATRIKA

(Published on 1st and 16th of every Month)

High class Newspaper giving detailed information about Ayurvedic activities in the province of Bombay. Very much appreciated by Marathi Knowing Ayurvedic practitioners.

Annual Subscription (24 issues)

Rs. 4/-/-

Single Copy

As. -/4/-

Number of Pages 32

Size :—Royal Magazine

For particulars address to :—

AYURVEDA SEVA SANGH

NASIK CITY

“THE SUDHAKAR”

An Ayurvedic journal published every 3rd month from the Rishikul Ayurvedic College, Hardwar, a prominent and popular Ayurvedic institution of the United Provinces (established in 1919.) The journal contains selected articles on Medicine in general and Ayurveda in particular, in Sanskrit, Hindi and English. All Ayurvedists and other medical scientists are requested to send their contributions on scientific aspects of Ayurveda.

Annual Subscription

Rs. 4/8/-

Single Copy

Rs. 1/8/-

For further particulars write to :

The Chief Editor, “SUDHAKAR”

RISHIKUL AYURVEDIC COLLEGE,

HARDWAR.

THE ASTROLOGICAL MAGAZINE

BANGALORE, 3

The Best exponent of Indian Sciences

Founded 1895 by B. SURYANARAIN RAO

Edited by B. V. RAMAN, D.Sc., F.R.A.S.,

Published every month and contains the following features—

(1) Astrology for Beginners. (2) Discussion of eminent horoscopes
(3) Political Forecasts of the trend of national and international events.
(4) Finds from Investigations. (5) Articles with illustrations on
Astronomy, Medicine in relation to Astrology, Phrenology, Palmistry,
Yoga, Spiritualism, Graphology, Biology in relation to Astrology and
articles of general and scientific interest, (6) Commercial and Market
forecasts dealing with prices of commodities, shares, cotton. etc., for
every month which will be of great practical value to the businessmen
and speculators. (7) Readers section dealing with questions put by
readers about scientific problems. (8) Answering questions pertaining
to personal problems free, (9) How is this Month for you? and
many other interesting and useful topics.

Annual subscription Rs. 12/-

Single copy 1/-

Apply for a free Specimen Copy at once to—

RAMAN PUBLICATIONS

BANGALORE, 3 (India)

ALL INDIA AYURVEDIC DIRECTORY

FIFTH (1949) EDITION.

This is a pictorial reference book of great educative and scientific value. It contains detailed treatises on the Science of Ayurveda, Ayurveda in Kerala and notes on the special treatments of Malabar. Detailed notes on the Ayurvedic Activities in the Native States and Indian Provinces, Histories of Ayurvedic Institutions and Pharmacies are also included besides Biographies and Photos of eminent Ayurvedic practitioners. A valuable book for every devotee of Ayurveda.

Price per copy Rs. 7/8 (Postage extra)

Copies can be had from the publishers :

Vaidya Sarathy, Kottayam.

(South India)

आयुर्वेद जगत में अपूर्व आयोजन
अपने विषय का सर्वाङ्ग-सुन्दर और सम्पूर्ण विशेषताओं से परिपूर्ण अनूठा ग्रन्थ

वृहदासवारिष्ट संग्रह

ले०—आयुर्वेदसूरि श्री पं० कृष्णप्रसाद जी त्रिवेदी बी० ए० आयुर्वेदाचार्य
यह अपने विषय का सबसे बड़ा, सर्वाङ्ग-सुन्दर और सर्व श्रेष्ठ ग्रन्थ है।
देशीय चिकित्सा पद्धति में आसव और अरिष्ट का बहुत ऊँचा स्थान है।
वैद्य लोग इनका प्रयोग अक्सर छोटे और बड़े से बड़े रोगों में किया करते हैं
किन्तु इनके बनाने की विधि सरल न होने से और इनका एक जगह सम्पूर्ण
संग्रह प्राप्त न होने से वे बेहद परेशान रहते हैं। आसव और अरिष्टों का
प्रयोग रोगों में शीघ्र और अच्छे फल देने वाला होता है। इसलिए वह ऐसे
संग्रह की खोज में निरन्तर ही रहते हैं। बड़े परिश्रम और धन व्यय से
'वृहदासवारिष्ट संग्रह' नाम का ग्रन्थ अधिकारी विद्वान से जो इस विषय के
अनुभवी और पूर्ण पण्डित हैं, अत्यन्त सरल भाषा में रोगकी अवस्था के
अनुसार प्रत्येक प्रयोग के साथ २ विशद विवेचन सहित बहुत बड़े आकार
में प्रकाशित किया गया है। कागज और छपाई उत्कृष्ट रखी गई है। छोटे से
छोटे और बड़े से बड़े वैद्य के यह बहुत काम की वस्तु है।

यह अकारादि क्रम से लिखा गया है। इस लिये किसी भी आसव-अरिष्ट
का योग सहज में मिल जाता है। एक एक नाम के आसवारिष्ट सम्बन्धी
शास्त्रीय तथा अनुभवी विद्वान वैद्यों के अनुभूत योग सभी एक स्थान पर
ही मिल जाते हैं और उनमें कौन योग उत्कृष्ट है, यह बात सहज में मालूम
हो जाती है। भूमिका में आसवारिष्ट निर्माण विधि बड़ी सरल विधि से
समझा कर लिखी गई है। पूर्वाद्ध बढ़िया ग्लेज कागज पर छप कर तयार है,
उत्तराद्ध भी शीघ्र ही प्रकाशित होगा। यह पहिला भाग है। इसकी पृष्ठ
संख्या साढ़े तीन सौ के करीब है और प्रयोग संख्या ३८४ है।

अजिल्द का मूल्य ३॥॥ और सजिल्द का मूल्य ४) बहुत ही कम रखा
गया है।

मिलने का पता—'वैद्य' कार्यालय, मुरादाबाद।

AYURMIMANSA

(The monthly Medical Journal in Marathi)

Established 1938

Annual Subscription Rs. 3/-

Single copy Rs. -4-

An authoritative Journal devoting itself to the scientific aspects of Ayurveda for the benefit among other things to end the controversies and place before the public a dispassionate view and actual data regarding the ancient service and help the country in arriving at a proper solution of the complicated problems.

For further particulars write to The Editor,

AYURMIMANSA OFFICE SATARA

॥ आयुर्वेदवाणी ॥

आयुर्वेद जगत में क्रान्ति मचाने वाली

मासिक पत्रिका

पत्रिका द्वारा आयुर्वेद-जगत में बैठे हुये महामान्य धुरन्धर विद्वानों के उज्ज्वल मस्तिष्क से उत्पन्न नवीन अन्वेषण पूर्ण उच्चकोटि का स्थाई साहित्य आयुर्वेद प्रेमियों के ज्ञानवर्धन हेतु प्रति मास प्रकाशित किया जाता है, और वर्ष में एक बृहद् विशेषाङ्क भेंट किया जाता है।

इसके स्थाई स्तम्भों के लेख रोग विवेचन, औषधि गुण धर्म विवेचन, औषधि परीक्षण, सूचीबद्ध विज्ञान, शल्य चिकित्सा, बालरोग व्यवस्था, नारी स्वास्थ्य, फल और स्वास्थ्य, विज्ञान, अनुभूतयोग, प्रश्नोत्तर आदि आदि चिकित्सा क्षेत्र में नवजीवन का संचार करने वाले हैं।

हमें पूर्ण आशा ही नहीं दृढ़ विश्वास है कि इस अमूल्य साहित्य के लिये आज ही ५॥) वार्षिक मूल्य विशेषाङ्क सहित का मनीऑर्डर द्वारा भेज कर लाभ उठावेंगे।

प्राप्तिस्थान—

भारद्वाज आयुर्वेदिक फार्मसी, पो० विजयगढ़, अलीगढ़

* प्रयोग-मणिमाला *

(प्रथम भाग)

इस पुस्तक में २५१ वैद्यों का सचित्र परिचय एवं उनके ५०१ शत प्रतिशत सफल प्रयोग हैं। सभी प्रयोग परीक्षा करके प्रकाशित किये गये हैं और उनके निर्माण तथा प्रयोग विषयक कठिनाइयों आदि के बारे में यथा स्थान टिप्पणी भी दी गई हैं। यही इस पुस्तक की विशेषता है। प्रत्येक गृहस्थ एवं वैद्य के लिये उपयोगी पुस्तक है। मूल्य ८) मात्र पोस्ट व्यय आदि ॥—) पृथक्।

नोट—द्वितीय भाग भी शीघ्र ही प्रकाशित होने वाला है। जिन वैद्यों ने अपने परिचय, चित्र एवं प्रयोग अभी न भेजे हों, वह तत्काल भेज दें।

प्रणाचार्य भवन लिमिटेड,
विजयगढ़, (अलीगढ़)

BHARATIYA-DRAVYAGUNA-GRANTRMALA

(Indian Materia Medica Series)

General Editor and Author—Shri Ramesh Bedi

Subscription for life membership Rs. 100-0-0

Subscription for permanent membership Rs. 1-0-0

Published monographs :

1. शहद (all about honey) Rs. 3-0-0
2. लहसन : प्याज (garlic : onion) - 2nd edition Rs. 2-8-0
3. तुलसी (holy basil) - 2nd edition Rs. 2-0-0
4. सोंठ (ginger) - 3rd edition Rs. 1-8-0
5. देहाती इलाज (treatment by common household articles) - 2nd edition Rs. 1-0-0
6. त्रिफला (three myrobalans) - 2nd edition out of print
7. अन्जीर (fig) - 3rd edition out of print
8. मिर्च (peper and capsicum) out of print

A few selected opinions :

'There is a project of publishing 500 monographs on similar subjects'. **Amrit Bazar Patrika, Allahabad.**

..... 'this is the first effort of its kind. The various species are treated uniformly and systematically'. **N. L. Bor,**

Forest Botanist,

Forest Research Institute, Dehra Dun.

'Every book in the series contains useful information and is an encyclopædia on that subject. The style is simple, interesting and scientific.'

Leader, Allahabad.

Available from : **Himalaya Herbal Institute, Gurukula Kangri, Haridwar**

✽ गुरुकुल पत्रिका ✽

हिन्दी की साहित्यिक व सांस्कृतिक मासिक पत्रिका

सम्पादक—श्री रामेश वेदी और श्री सुखदेव

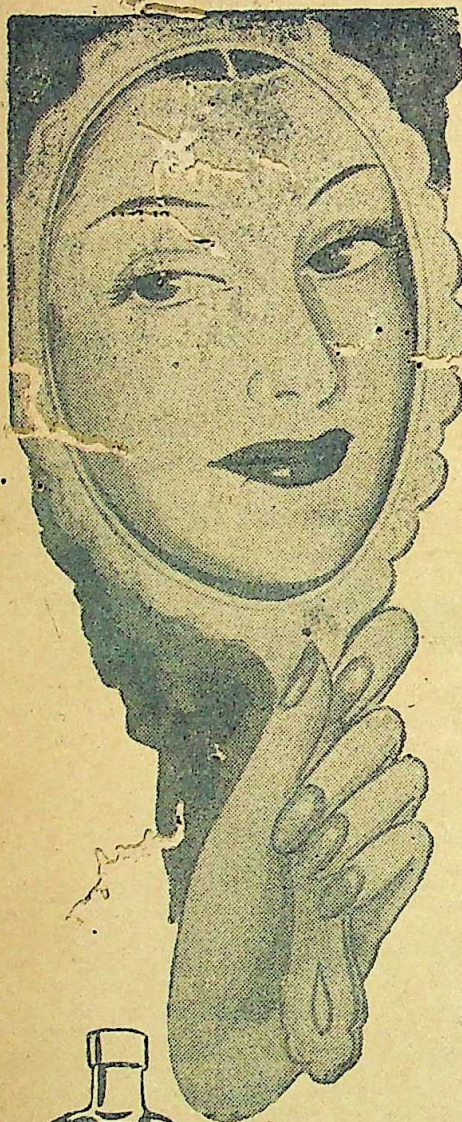
ख्याति प्राप्त लेखकों और उच्च कोटि के विद्वानों की सुचिपूर्ण, रोचक और ज्ञानवर्द्धक रचनाएं और गम्भीर तथा खोज पूर्ण लेखकों के पढ़ने के लिए गुरुकुल पत्रिका पढ़िये।

प्रत्येक अङ्क की पाठ्य सामग्री हिन्दी का स्थिर साहित्य है। यह साहित्य आप को मस्तसिक तथा आध्यात्मिक भोजन प्रदान करेगा। स्वास्थ्य सम्बन्धी उपयोगी लेख आपको स्वस्थ और आनन्दित रहने में सहायक होंगे। अपने परिवार को ज्ञान के प्रकाश से आलोकित करने के लिए आप ही मनीआर्डर से वार्षिक शुल्क भेजिये।

वार्षिक मूल्य—देश में ५०), विदेश में ६०), नमूने की प्रति 1=)

पता—व्यवस्थापक, गुरुकुल पत्रिका,

गुरुकुल कांगड़ी विश्वविद्यालय, हरिद्वार



GOOD HEALTH & A
CLEAR COMPLEXION
REFLECT THE
PURITY OF
Your Blood

The changing of seasons and the hot humid atmosphere experienced during spring, summer and the monsoon season is liable to cause several ills in the form of boils, eruptions, hives, eczema, etc., which may originate from impurities in the blood.

You can get quick relief from these ailments by taking this efficacious blood purifier—SAFI. Its purifying action eliminates poisonous waste matter from your system; removes impurities in the blood stream; its tonic effect makes you feel fit and vigorous.

Age is no restriction, it can be taken by the oldest man to the youngest baby.



SAFI

Hamdard

THE GREAT BLOOD
PURIFIER FOR
BOILS, PIMPLES,
ERUPTIONS, HIVES,
ECZEMA, AND AS A
GENERAL TONIC.

HAMDARD DAWAKHANA LABORATORIES, DELHI

H O O - I

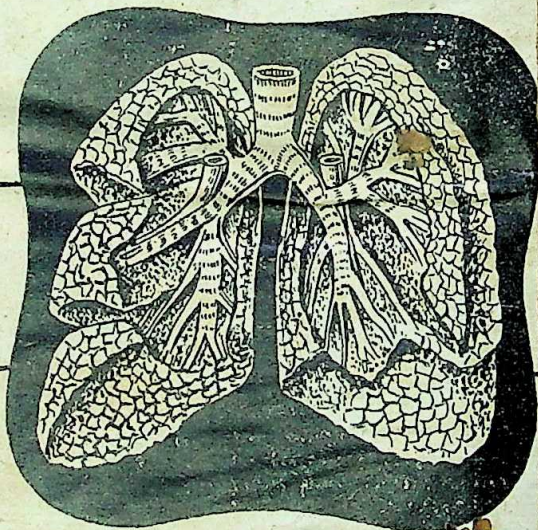
To our contributors

1. We invite the co-operation of our professional brethren and request them to send for publication scientific articles and notes of interest to the profession in India and abroad. Contributors of original articles are entitled to receive 24 reprints *gratis*; additional reprints can be obtained on payment. No reprints will be supplied unless contributors ask for them at the time of submitting their manuscripts.
 2. The preparation of reprints entails rearranging type, so that there is often a delay of a month or more, after the publication of the *journal*, before the reprints are ready. If reprints are not received within two months of publication of the *journal*, contributors should write to the Publishers.
 3. Papers and articles forwarded for publication are understood to be offered to *The Journal of Ayurveda* alone, and any breach of this rule will be followed by the non-publication of such contribution. When any such article appears in *The Journal of Ayurveda*, the copyright automatically becomes the joint property of the author or authors and of the Publishers.
 4. All manuscripts should be legible and typewritten, on one side of foolscap papers. The Editors reserve themselves the right to accept, or reject the whole or portion of the matter sent for publication. The rejected contributions will not be returned to the authors unless postage is prepaid for the purpose. Matters and news received before 15th and 21st of the month respectively only be published in the current issue.
 5. The Editors assume no responsibility for statements and opinions advanced by contributors to the *Journal*.
 6. The *Journal of Ayurveda* will regularly appear on the 7th of every month. Complaint of non-receipt of every month's issue and changes in address should reach this office at least by the 15th of the month quoting the 'subscribing Number' otherwise no complaint will be entertained. Many a packet are being lost in postal transit regularly every month, all possible remedial measures should be taken by all.
 7. Communications on editorial matters, articles, letters, sample of drugs, books for review, remittances for subscription and advertisement costs, should be addressed to the Managing Editor, *Journal of Ayurveda*, 90/8 Connaught Circus, New Delhi.
 8. The Editor of the *Journal of Ayurveda* cannot recommend individual practitioners by name, as any such an action would constitute a breach of professional etiquette.
 9. Communications for publishers relating to subscription and advertisements should be addressed to "Publication Department, Majumdar Laboratories, 90/9 Connaught Circus, New Delhi." Instructions regarding advertisements should reach this Department by the 2nd week of the month previous to that of publication.
 10. The Managing Editor of the *Journal* reserves the right to discontinue any advertisement or to delete or alter words or phrases which, in the Editor's opinion, are objectionable.
 11. Annual subscription of "*The Journal of Ayurveda*", is Rs. 7 8/- including postage in India and Sixteen shillings or \$ 3/- including postage abroad. Single copy annas 12 each. Back numbers (if available) Rs. - each. Outstation cheques must include exchange charges.
- Telephones : 7366 & 5703. Telegrams : "Haviranjian" New Delhi.

Regd. No. D

GLYCODIN- TERP- VASAKA

*A reliable
remedy for
Coughs*



COMPOSITION

Each Fluid Drachm Contains :

Antimony Tartrate	1/160	Gr.
Terpene Hydrate	1/8	Gr.
Codeine Phosphate	1/8	Gr.
Menthol	1/24	Gr.
Syrup Tolu	15	Mins.
Syrup Vasaka	Q.S. to make	1 Drachm.

ALEMBIC CHEMICAL WORKS CO. LTD., BARODA

Printed and Published by K. V. Raj A. Majumdar M.R.A.S. (Lond.) at
The Caxton Press, Connaught Circus, New Delhi.

CC-0. In Public Domain. Gurukul Kangri College, Haridwar

A

Gr.
Gr.
Gr.
Gn.
ins.
hm.

DDA

AL.

